UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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| United States of America,<br><br>Plaintiff,<br><br>v.<br><br>Tou Thao(2),<br>J. Alexander Kueng(3), and<br>Thomas Kiernan Lane(4),<br><br>Defendants. | File No. 21-cr-108 (PAM/TNL)<br><br>Courtroom 7D<br>St. Paul, Minnesota<br>Monday, January 31, 2022<br>9:32 a.m. |

BEFORE THE HONORABLE PAUL A. MAGNUSON
UNITED STATES DISTRICT COURT SENIOR JUDGE

**(JURY TRIAL PROCEEDINGS - VOLUME VIII)**

Proceedings recorded by mechanical stenography; transcript produced by computer.

APPEARANCES:

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| For Defendant Thomas Kiernan Lane: | EARL GRAY DEFENSE<br>BY: EARL P. GRAY<br>332 Minnesota Street, #W1610<br>St Paul, MN 55101 |
| Court Reporter: | RENEE A. ROGGE, RMR-CRR<br>United States District Courthouse<br>300 South 4th Street, Box 1005<br>Minneapolis, MN 55415 |

# I N D E X

(9:32 a.m.)

**IN OPEN COURT**

**(JURY PRESENT)**

THE COURT: You may be seated.

Mr. Paule or Mr. Gray? Mr. Paule.

KATIE BLACKWELL,

called on behalf of the government, was duly sworn, was examined and testified as follows:

MR. ROBERT PAULE: May I inquire, Your Honor?

THE COURT: Please proceed.

MR. ROBERT PAULE: Thank you.

**CROSS-EXAMINATION**

BY MR. ROBERT PAULE:

Q. Inspector Blackwell, you and I have never met, have we?

A. No, we haven't.

Q. You are currently the inspector in command of the Fifth Precinct; is that correct?

A. Correct.

Q. That's located in the southwest portion of Minneapolis?

A. Yes.

Q. And you were promoted to inspector by Chief Arradondo; is that correct?

A. Yes, I was.

Q. And if my notes are correct, I have you being promoted by Chief Arradondo on January 31st of 2021, correct?

A. Yes.
Q. So you've been an inspector for just about one year exactly?
A. Yes.
Q. And you were promoted approximately two months before you testified in the Chauvin state court trial, were you not?
A. I was.
Q. And before that you were a lieutenant?
A. Yes.
Q. And you were in command of the training division, correct?
A. So before that I was commander of training. Before that I was a lieutenant in training.
Q. Okay. Just so the jury understands, you were promoted to lieutenant in December of 2017, correct?
A. Correct.
Q. You were promoted by Chief Arradondo?
A. Yes.
Q. And you were placed, when you were promoted as a lieutenant, as one of the, essentially, command of the training division, correct?
A. Yes.
Q. I believe at that point you oversaw the field training officer program?

A. I did.
Q. As well as the academy itself, correct?
A. Yes.
Q. And then later you were promoted, so you were in command of the entire training division; is that correct?
A. Correct.
Q. Okay. Now, you testified about, when you were promoted to lieutenant, you were put in charge of the FTO program. You testified that you, quote, reset the program; is that correct?
A. Yes.
Q. And you created a 40-hour mandatory training program for anyone who wanted to become a field training officer; is that correct?
A. Correct.
Q. And did you essentially let go of all the people who had previously been operating as a field training officer unless they entered that program?
A. Yes.
Q. Okay. And so they had to volunteer, complete the program, and then be approved by you; is that correct?
A. Yes, they had to be -- volunteer. Their supervisor, their direct supervisor, had to approve, the precinct commander had to approve. And then ultimately I selected them after their disciplinary file was sent up and the

deputy chief of patrol -- or, excuse me, deputy chief of professional standards cleared them.

Q. You indicated that in order to qualify as a field training officer, they had to have at least three years on the police force; is that correct?

A. Correct.

Q. They had to be in good standing with the department; is that correct?

A. Yes.

Q. And then internal affairs had to do a background check on them?

A. Yes.

Q. And I believe you testified that was done to see if a particular applicant had a pattern of things; is that correct?

A. Yes.

Q. What did you mean when you used the words "pattern of things"?

A. A pattern of excessive force or an open case was generally when they were told they could not FTO.

Q. And eventually you were not only in charge of the police academy and the field training officer program, but you were put in charge of the entire training division; is that correct?

A. Yes.

Q. And then you selected all of the trainers in that division; is that correct?
A. Yes. Well, the ones that were currently there were there; I kept them. And then trainers that came in, then I would bring them in.
Q. So are you testifying that you kept the trainers who were already there, but simply would select their replacements?
A. Yes. If they were already there, then it was up to me to keep them or release them back to the street, investigative. And then if there was an opening, I would bring in new ones.
Q. Okay. And how many of the trainers that were there when you became the commander of the training division did you release?
A. I don't think any.
Q. Now, when you became commander of the training division -- and just so this jury knows, you were the person in command of the training division on May 25th of 2020 when the incident that brings us into court occurred, correct?
A. Correct.
Q. And you had a support staff person named Mary Lou Fiala; is that correct?
A. I did.
Q. And then you had three divisions within the training

division, correct?
A. Yes.
Q. There was the preservice that was headed by Lieutenant Molly Fischer; is that correct?
A. Yes.
Q. And that preservice contains both the police academy and the field training officer program, correct?
A. Correct.
Q. And then you had a division called leadership and professional development; is that correct?
A. Yes.
Q. And that was headed by Lieutenant Brian Anderson, correct?
A. Yes.
Q. And two of the programs within that particular division were the medical program; is that correct?
A. Yes.
Q. And that was headed by a person named Officer Nicole Mackenzie; is that correct?
A. Correct.
Q. Now, on a diagram I have heard -- she's also referred to as Nicole Murray; is that correct?
A. Yes. That was her maiden name.
Q. Okay. Thank you for clarifying that.
And then there was also a person in charge of the

CIT program; is that correct?
A. Yes.
Q. That's what you referred to previously as a crisis intervention training program, correct?
A. Yes.
Q. And that's by Sergeant Ker Yang; is that correct?
A. Correct.
Q. And then the third division is the POST service, which is really the in-service, the training for the officers who have completed the academy that are on the police force, correct?
A. Yes.
Q. And that was headed at that time under your direction by Lieutenant Johnny Mercil; is that correct?
A. Mercil, yes.
Q. Did I say it wrong?
A. It was close enough.
Q. Mercil?
A. Mercil.
Q. Mercil. Thank you.
And within that division there was a defensive tactics program, correct?
A. Yes.
Q. And that was headed by Sergeant -- is it Schoonover?
A. Yes.

Q. Now, with regard to your investigation -- excuse me, your involvement in this particular investigation, you obviously became aware of this incident shortly after it occurred, correct?
A. Yes.
Q. And Mr. Plunkett mentioned, when he was asking you questions, that you are aware of the federal civil rights investigation into the Minneapolis Police Department's pattern and practices being done by the Department of Justice; isn't that correct?
A. Correct.
Q. I would assume, as part of your duties as the head of the training division, you had to comply with that investigation as well, correct?
A. Correct.
Q. And you're also aware that there was a separate lawsuit filed by the Minnesota Department of Human Rights days after the incident in question, correct?
A. Correct.
Q. And that was alleging, to some degree, some illegal racial bias in the Minneapolis Police Department, correct?
A. I believe so.
MS. BELL: Objection, Your Honor. Relevance.
MR. ROBERT PAULE: Goes to bias, Your Honor.
THE COURT: I'm going to overrule.

BY MR. ROBERT PAULE:

Q. And are you aware that that particular lawsuit, the one brought by the state, was settled within one week by the City of Minneapolis?

A. I believe it was right around that time.

Q. Now, over the course of your career, would you agree that policies and practices in training have changed and evolved?

A. Yes.

Q. Okay. For instance, some of the things that are being trained as defensive tactics are different than what was taught when you first entered the police department, correct?

A. Yes.

Q. And some of the things that you were taught have been phased out, correct?

A. Yes.

Q. Could you tell the jury what a baton strike is, please.

A. A baton strike is -- we generally had an ASP. It was about six inches in length and it would retract when you'd push it and it would extend out. And a baton strike was just basically striking somebody in the arm, leg to gain compliance.

Q. Now, oftentimes on TV you will see police officers, or at least some of the older ones, with things called billy

clubs; is that correct?
A. Yes.
Q. Is that a precursor of the ASP or the extendable baton?
A. They're similar.
Q. When I think of billy club, I think of sort of like a miniature baseball bat. Is that accurate?
A. Yes. We didn't have baseball bats.
Q. No, of course not.
But what you are referring to is essentially an extendable baton, something that you can flick and it will extend out, correct?
A. Correct.
Q. This is a metal object?
A. Yes.
Q. And this was used when you were a younger police officer, for lack of a better term, to use to strike people to gain compliance, correct?
A. Correct.
Q. And that is really something that isn't really trained anymore, is it?
A. They train strikes and we don't -- they don't use the ASP, but they train on some of those.
Q. Okay. Now, you also talked about neck restraints. These have been something that were taught to you in the police academy through your field training program and

through your regular in-service training, correct?
A. Yes.
Q. And there are two separate types of neck restraint that you said are trained; is that correct?
A. Correct.
Q. And I might get those wrong, so I will have you instead tell the jury what those two specific kinds of neck restraints that are trained.
A. So the conscious and the unconscious neck restraint.
Q. And one of those is essentially putting your arm around somebody from behind, protecting their trachea and airway with the crook of your elbow to -- essentially it's like a wrestling tactic to gain control of them, correct?
A. Correct.
Q. You are not trying to put them unconscious by any means?
A. Correct.
Q. And the other one, the unconscious restraint, you are actually doing sort of a similar move, but applying pressure to one of the carotid arteries, are you not?
A. Correct.
Q. And the idea is if you put pressure on the carotid artery, it will shut down the blood flow to the brain and cause someone to be unconscious?
A. Correct.
Q. It's why it's called an unconscious neck restraint,

isn't it?
A. Yes.
Q. But you also said that the use of legs is allowed by policy; is that correct?
A. Yes.
Q. Now, there are many parts of a leg, but a knee is one of those, isn't it?
A. Yes.
Q. And you indicate that although those are allowed by policy, or were at least in 2020, that was something that the department did not train on, correct?
A. Correct.
Q. You didn't train on the use of legs to use as a neck restraint in the police academy?
A. No.
Q. You didn't do it in the field training officer program?
A. No.
Q. And you didn't do it during the in-service?
A. No.
Q. In other words, police officers received absolutely zero training on how to use a leg as a mechanism of restraint?
A. Correct, we didn't show them the exact way to do it. I think it was mentioned that it was part of policy, but we trained on the arm.
Q. So you didn't train them, but it was allowed as part of

policy, correct?

A. Correct.

Q. Okay. Now, these neck restraints we're talking about, would you agree that on some level those are a valuable, useful technique to use on somebody to gain compliance?

A. Correct.

Q. Okay. Those neck restraints were banned by Minneapolis Police policy?

MS. BELL: Objection, Your Honor. Sidebar, please.

**(At sidebar)**

MS. BELL: Your Honor, we have had specific -- can you hear me?

THE COURT: I can now.

MS. BELL: Okay. Your Honor, I have had specific conversations with counsel about not introducing into evidence things that were changed after May 25th of 2020 in policy because they have no relevance to what happened here in this case. We did agree that counsel could inquire about the pattern and practice investigation only insofar as it went to bias, but not substantively.

And now counsel is inquiring about changes to the policy, which would not be relevant here because they occurred after the events in this case, and so therefore they are irrelevant and, frankly, likely to confuse the

jury.

MR. ROBERT PAULE: I can withdraw the question, Your Honor.

THE COURT: Okay.

**(In open court)**

THE COURT: The question is withdrawn.

BY MR. ROBERT PAULE:

Q. Inspector Blackwell, following this incident you were contacted by an FBI agent and did an interview with that agent on the phone on June 8th of 2020; is that correct?

A. Correct.

Q. And the topics of that discussion included the Minneapolis Police officer hiring policies and practice, correct?

A. I believe so.

Q. It included the Minneapolis Police Department Academy training?

A. Yes.

Q. It concerned the Minneapolis Police Department field training officer program?

A. Yes.

Q. And it also included what's referred to as the POST Academy, which is the in-service training program?

A. Correct.

Q. And, again, just so the jury knows, what we're referring

to is the regular trainings that police officers who are already members of the force and fully sworn receive, correct?

A. Correct.

Q. I'm sorry?

A. Correct. Sorry.

Q. Okay. Thank you for clarifying.

And you would agree that this includes medical training by Officer Mackenzie, correct?

A. Yes.

Q. And it also includes use of force and defensive tactics training, correct?

A. Yes.

Q. And that included training on excited delirium; is that correct?

A. Yes.

Q. And that was trained by a number of the instructors within the police department training division, correct?

A. Yes.

Q. Okay. It was trained by Sergeant Ker Yang, correct?

A. The excited delirium part?

Q. Yes.

A. I probably did an overview on it, yes.

Q. It was trained by Officer Mackenzie; is that correct?

A. Yes.

Q. And at least by Sergeant Schoonover, correct?
A. Correct.
Q. So this is something you regularly trained officers to be aware of and to recognize and how to deal with it; isn't that accurate?
A. Yes.
Q. And afterwards you sent the FBI agent a PowerPoint; is that correct?
A. I sent them several.
Q. Okay. Do you recall what PowerPoint you sent them?
A. Not off the topic of my head, sir.
Q. Okay. And I'm not trying to confuse you.
A. Okay. Thanks.
Q. All right. And then on September 17, 2020, you received a federal grand jury subpoena; is that correct?
A. Yes.
Q. Okay. And that grand jury subpoena requested that you provide a number of records concerning the training session attended by Officer Chauvin and Officer Thao; isn't that correct?
A. Correct.
Q. I'm sorry?
A. Correct.
Q. Okay. And, specifically, there were a number of things requested by them, correct?

A. Yes.
Q. I assume you were pretty busy after this incident providing training records to a number of different people?
A. Yes.
Q. Is that something perhaps that Ms. Fiala would help you out with from time to time?
A. Yes.
Q. It was a very busy time for the police department then, correct?
A. Very busy.
Q. But, specifically, this federal grand jury subpoena requested, one, curricula, presentations, handouts, examinations, evaluations, lesson plans, and the outlines used to teach it regarding Officer Chauvin and Thao; isn't that correct?
A. Yes.
Q. The federal grand jury subpoena also requested the names of the instructors who taught it to the listed officers, correct?
A. Yes.
Q. It requested schedules, programs, and agendas for the training involved in those two officers?
A. Yes.
Q. It also requested sign-in sheets, course registration records, and attendance records for Officer Chauvin and

Thao; isn't that correct?

A. Yes.

Q. And you were instructed in that subpoena that if none of these records exist, you were to respond there is nothing to produce responsive to request number so-and-so for that particular officer; is that correct?

A. Correct.

Q. And as part of that federal grand jury subpoena, they requested specifically, quote, any and all documents, records, and information regarding the use of the PowerPoint presentation entitled, quote, MPD ExDS PowerPoint Presentation; is that correct?

A. Sounds right.

Q. Do you recall exactly what they were asking you about, that excited delirium PowerPoint specifically?

A. Not specifically.

Q. Would it refresh your recollection to look at a summary of that?

A. Sure.

Q. Okay.

MR. ROBERT PAULE: May I approach the witness, Your Honor?

THE COURT: You may.

MR. ROBERT PAULE: And for reference, it's Bates 00029060.

MS. BELL: Can I see it?

MR. ROBERT PAULE: I'm sorry?

MS. BELL: Can I see it?

MR. ROBERT PAULE: Sure.

(Counsel confer)

MR. ROBERT PAULE: May I approach, Your Honor?

THE COURT: You may.

MR. ROBERT PAULE: Thank you.

BY MR. ROBERT PAULE:

Q. Now, Inspector Blackwell, just so everyone is clear and maybe speed things up, I'm showing you what's called an FBI 302, which is --

MS. BELL: Your Honor, the item is not in evidence. I would ask Mr. Paule just to show it to her to refresh; and if it does, it does.

MR. ROBERT PAULE: That's what I'm trying to do, Your Honor.

THE COURT: I think he's leading up to it. He was just introducing the document.

MR. ROBERT PAULE: Yes.

BY MR. ROBERT PAULE:

Q. And just so the record is clear -- I apologize -- what I'm going to show you, Inspector Blackwell, is what's called an FBI 302, which is a written summary of that request, to refresh your recollection. Do you have any questions?

A. No.
Q. Okay.
A. It looks familiar, yes, what they're requesting.
Q. Does that refresh your recollection?
A. Yes.
Q. Okay. And they also wanted, as part of that federal grand jury subpoena, any and all documents regarding the author or creator of the particular PowerPoint; is that correct?
A. Correct.
Q. Okay. And I presume you provided those documents to the FBI?
A. I'm certain I would have.
Q. Okay. Sorry about that. I'm getting confused with my mask.

And then on October 14th of 2020, you reached out to an FBI agent named Brad Murkins that a flash drive containing additional records was available for him to pick up in response to the grand jury subpoena; is that correct?
A. Correct.
Q. And that included record requests on Officer Chauvin and Officer Thao's in-service training for the years between 2014 through 2020; is that correct?
A. Yes.
Q. Now, going back to when you were in command of the

training division, you testified that you -- when you were commander of the training division, you worked on the development and the actual training that was going on, correct?

A. Correct.

Q. Both preservice training, which would be the field training officer program, and the police academy, correct?

A. Yes.

Q. And the in-service to existing officers; is that correct?

A. Yes.

Q. And you were asked, whether or not you had written the materials, that you reviewed and oversaw all the training; is that correct?

A. Correct.

Q. And you testified that you did indeed take part in all this training, correct?

A. So all the in-service training and then I review -- what I'm getting to is I guess I wouldn't have sat through the whole police academy, but reviewed most of the material or saw -- observed scenarios.

Q. Certainly, but it seems to me like what you were testifying is that when you were in charge of this division, you reviewed all the training and actually went through the training yourself, correct?

A. Yes.
Q. Okay. And you were doing that in part to evaluate whether the trainers were teaching what they were supposed to be teaching; is that correct?
A. Part of it, yes.
Q. And you indicated, when you testified, that you did this especially for in-service training for the whole department; is that correct?
A. Correct.
Q. And you testified that you would bring the whole command staff, all the way up to the chief's office, in to preview this training; is that correct?
A. Yes.
Q. Before it was actually rolled out to the department, correct?
A. Yes.
Q. And you testified that you did this because the chief himself needed to approve this training; is that correct?
A. He didn't need to, but I wanted his approval, that it was within his vision and policy.
Q. Yeah, you wanted to make sure that you were falling in line with the chief's vision of what he was looking for at that time, as well as policy, correct?
A. Correct.
Q. Okay. Now, you testified previously about the excited

delirium training; is that correct?
A. Yes.
Q. And is it your understanding that excited delirium training was provided to recruits when they were in the police academy?
A. Yes.
Q. Do you know if it was provided during part of the field training officer program?
A. I don't remember if it was or not.
Q. Okay. And it was also taught during the in-service training to the officers who were already part of the force; is that correct?
A. Correct.
Q. Do you know the content of all of that training?
A. I have a general working knowledge of it.
Q. Okay. Do you know whether or not the training for the in-service officers contained any scenario training?
A. Not specifically.
Q. Okay. And you turned over what was entitled Minneapolis Police Department -- and I want to make sure I have it right -- the MPD ExDS PowerPoint; is that correct?
A. Correct.
Q. Do you know what that refers to?
A. I don't know the exact acronym, no. I'm guessing excited delirium, I'm assuming that, PowerPoint for the

medical component.

Q. And do you know whether the training given by the Minneapolis Police Department on this excited delirium syndrome consisted of just one PowerPoint or whether there were more than one PowerPoints?

A. For one in-service or from year to year?

Q. For the in-service.

A. Usually it's one PowerPoint, unless something changes where we have to modify it.

Q. Okay. Now, going back to Officer Thao's training, if I could ask to have Ms. Paule pull up Government Exhibit 59, which has been accepted as part of evidence.

I'm very bad at this. Showing you what has been accepted as Government Exhibit 59, Inspector Blackwell, do you recognize this document?

A. I do.

Q. Is this one of the documents you actually provided to the FBI in response to their subpoena?

A. Correct.

Q. And does this contain the training history for Officer Tou Thao?

A. It does.

Q. Okay. Now, with regard to 2019, you indicated, generally speaking, that there are three phases of the in-service training; is that correct?

A. Yes.
Q. And there's a phase one in the spring, a phase two sometimes in the summer, and a phase three later in the year; is that correct?
A. Correct.
Q. Does Exhibit 59 demonstrate that Officer Thao attended those trainings? And take whatever time you need. And if you'd like me to zoom in, I can try to do that too.
A. No. It's okay.
Q. Okay.
A. Correct.
Q. And as well does this document indicate -- and I'll turn it over. Well, you let me know if you want me to turn over. Does it indicate whether or not Officer Thao attended the 2018 in-service training? And I would note at the bottom -- I believe you testified this goes from the most recent at the top going down -- the bottom of this particular page indicates that 2018 was the Taser recertification training?
A. Yeah, if you could put it up a little bit, please.
Q. I'll flip it over because I think that's --
A. Oh, yes. So 2018 Taser and then it rolled into 2018 annual in-service training.
Q. So Officer Thao attended the 2018 in-service training, all three phases; is that accurate, or isn't it?
A. If you'd give me a moment?

Q. Sure.
A. So in 2018 it's not broken down by phases.
Q. Okay.
A. I see that he attended the 2018 procedural justice, which is part of in-service, in August 2018 and then a second -- excuse me.
Q. If I may, it looks as if Officer Thao attended the 2018 annual in-service training both on November 8th and November 7th; is that correct?
A. Correct.
Q. And then he attended the 2018 shotgun and CIT training program on September 27th?
A. Correct.
Q. And the 2018 procedural justice and Narcan training on August 16th?
A. Correct.
Q. And then the 2018 PIMS basic patrol training program on April 21st of 2018?
A. Correct.
Q. Does that appear to be essentially the in-service training for that year?
A. It appears to be.
Q. Okay. All right. Now, were you aware of the specific excited delirium training that was taught during the in-service training in 2018 or 2019?

A. Yes.
Q. Okay. Did that contain that Minneapolis Police Department ExDS PowerPoint presentation?
A. I believe so.
MR. ROBERT PAULE: Your Honor, with the court's permission, I'd like to put on the screen Exhibit T I believe it's 13.
THE COURT: Is Exhibit 13 in evidence?
MR. ROBERT PAULE: It is not yet, Your Honor. I'm going to seek to admit it.
THE COURT: Well, then we don't put it on the screen. We keep it on the small screens.
MR. ROBERT PAULE: Well, let me -- may I have a moment, Your Honor?
THE COURT: Sure.
MR. ROBERT PAULE: Excuse me.
(Counsel confer)
MR. ROBERT PAULE: May I approach the witness?
THE COURT: You may.
MR. ROBERT PAULE: Thank you.
BY MR. ROBERT PAULE:
Q. And just for the record, I'm going to show you what has been marked for identification only as Exhibit T-13. Excuse me. Inspector Blackwell, do you recognize what Exhibit T-13 is?

A. I do.
Q. Could you tell the jury what that is, please.
A. It's the PowerPoint on excited delirium syndrome that we showed in our medical component showed in in-service training.
Q. Okay. And do you recognize that as an accurate portrayal of that particular PowerPoint?
A. Yes.
MR. ROBERT PAULE: Your Honor, I'd move for admission of Exhibit T-13.
MS. BELL: No objection.
THE COURT: Received.
MR. ROBERT PAULE: May I approach the witness?
THE COURT: You may.
MR. ROBERT PAULE: I'll give you that back. And if I could publish Exhibit T-13.
(Pause)
MR. ROBERT PAULE: Your Honor, if I may, I think what I'd like to do would be to take it back and put it on the ELMO so that all of us can see it at the same time.
THE COURT: That's fine.
MR. ROBERT PAULE: Thank you.
BY MR. ROBERT PAULE:
Q. Inspector Blackwell, I have printed this out, but I'm showing what's labeled Excited Delirium Syndrome, which is a

picture of three officers appearing to pursue a person; is that correct?

A. Correct.

Q. Is this the first page of the PowerPoint presentation that is given on excited delirium syndrome?

A. Yes.

Q. And at the lower right of that, right here on this document, what is that?

A. It's a Minneapolis police badge.

Q. Would that indicate that this particular PowerPoint was created and trained by the Minneapolis Police Department?

A. Yes.

Q. And that is page 1, correct?

A. Yes.

Q. Page 2 is the second page on that PowerPoint; isn't that correct?

A. Correct.

Q. Can you indicate what this says as far as an introduction, could you read that, please.

A. After this block of instruction, you should be able to define excited delirium syndrome, also known as ExDS, and risk factors, understand the pathophys -- sorry, pathophysiology of excited delirium, understand the law enforcement role in excited delirium syndrome.

Q. And I'm going to page 3. What is that titled?

A. Cops Made This Up.
Q. And in the actual PowerPoint is at this point a link that someone would show a video at this point under the heading Cops Made This Up?
A. I believe so.
Q. Could we play that particular video, please.
(Counsel confer)
MR. ROBERT PAULE: And so what I think we're going to see is when you click on the link, what video was shown, if that's accurate, under the title Cops Made This Up.
And may I pause for a minute? Your Honor, I would note that there is some rather disturbing scenes in these videos. I just wanted to alert the court and the jury to that.
Okay. Could we play this particular video.
(Video recording played)
BY MR. ROBERT PAULE:
Q. And the next page of this particular PowerPoint, a video I'll put up. This is another what appears to be a blank black screen that says, "Reality"; isn't that correct?
A. Correct.
Q. And this contains a link to a different video; is that correct?
A. Yes.
MR. ROBERT PAULE: Could we play that video.

(Video recording played)

BY MR. ROBERT PAULE:

Q. And the next page of that PowerPoint presentation, Inspector Blackwell, is entitled History of ExD; is that correct?

A. Correct.

Q. And if you could note the first year you trained the officers that excited delirium or something similar had been noted by a particular author?

A. It appears to be 1832.

Q. And it was titled something different, was it not?

A. Yes, delirious mania.

Q. And what was the clinical description?

A. A rare, life-threatening psychosis, extreme hyperactivity, mounting fear, stuporous exhaustion.

Q. And then again in 1849 there's a different historical notation, correct?

A. Yes.

Q. And what is this syndrome entitled at that time?

A. Bell's mania.

Q. And what is the clinical description?

A. Sudden onset of hyperactive arousal, confusion, transient hallucinations, core body temperature dysregulation, 75 percent mortality rate.

Q. And then you train the officers there's another

historical reference from a different year; is that correct?
A. Yes.
Q. What year is that, Inspector?
A. 1867.
Q. And what do they term this particular syndrome at that point?
A. Acute maniacal delirium.
Q. I might call that maniacal.
A. Thank you.
Q. We'll help each other.
Can you indicate what the clinical description is, please.
A. Violent mania, rapid pulse, constant motion, elevated temperature of skin, complete exhaustion.
Q. And it looks like the next one down is a little bit more recent. What year is that next author noted?
A. 1934.
Q. And what do they term this particular syndrome at that point?
A. Forgive me if I mess this up, but lethal catatonia.
Q. I think that's how I would pronounce it.
Could you read the clinic description, please.
A. Intense motor excitement, violent, suicide attempts, intermittent rigidity, incoherent speech, bizarre delusions, fever 43.3 Celsius, cardiovascular collapse.

Q. And then the most recent one noted on this particular one, what year is that?
A. It was 1985.
Q. Okay. And what is the term described as then?
A. Excited delirium.
Q. And what is the clinical description, please?
A. Agitation, motor excitement, super-human strength, paranoia, mounting fear, hyperthermia, cardiorespiratory collapse, cocaine intoxication, no anatomic cause of death.
Q. Going, then, to the next page of the PowerPoint presentation, what is the title of that, Inspector Blackwell?
A. Excited Delirium.
Q. And can you read how that is described.
A. It's a condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and super-human strength.
Q. And the next slide on the PowerPoint is entitled what, Inspector?
A. ExD Reporting Problems.
Q. And could you read what some of those problems that you train the officers are.
A. Lack of an accurate, uniform database to track this

phenomenon.

Q. Do you know specifically what that refers to?

A. Basically just there's no uniform database to track all excited delirium cases.

Q. Thank you. Please go on.

A. Usually many factors lead to death and not one specific cause. One important study found that only 18 of 214 individuals identified as having ExDS died while being restrained or taken into custody.

Q. And that referenced a particular study; is that correct?

A. Yes.

Q. And the next slide on the PowerPoint, could you say what that's titled?

A. Common Risk Factors.

Q. And could you read those, please.

A. Male under the age of 44, median age of 36; use or abuse of illicit drugs; preexisting mental and/or cardiovascular disease; exhibition of bizarre behavior, such as various stages of nudity, incoherence, and delirium, violence/attacking or breaking glass, running in traffic, or paranoia.

Q. And the title of the next slide?

A. Median Age of Death.

Q. And -- I'm sorry. I should push this up just a little bit. There are some notes in this PowerPoint. Can you

explain what those are, if you know.
A. First graph shows the frequency of ARD with excited delirium inclusion data cases broken down by age category. It looks like just the median age is mid 30s.
Q. Okay. And I apologize because I didn't phrase that question correctly. Do you know how come on this particular PowerPoint slide there appears to be notes written outside of sort of the brown area? Do you know why that is?
A. Probably for instructors to refer back to.
Q. And then on the next page of the PowerPoint presentation?
A. Age of illicit drug users.
Q. And again there's some notations below that?
A. This graph, without coincidence, shows the age breakdown of illicit drug use to include cocaine and other amphetamines related to excited delirium.
Q. So essentially you train the officers sort of there is an age of illicit drug use; is that correct?
A. Correct.
Q. And that includes both cocaine and amphetamine, correct?
A. Yes.
Q. Related to ExD, which I would assume stands for excited delirium?
A. Correct.
Q. And then the next slide?

A. Is illicit drug use.
Q. And could you read what that slide says, please.
A. Illicit drug use is an underlying factor in ExDS cases. Common drugs found in the ExDS person were cocaine, lysergic acid dieth -- LSD, and methamphetamines.
Q. And the next -- whoops, excuse me. There is also going -- back to that same slide, there's also some more comments. Could you read what those are, please.
A. Elevated levels of dopamine cause agitation, paranoia, and violent behavior. Heart rate, respiration, and temperature control are also affected by dopamine levels with elevation resulting in tachycardia, tachypnea, and hyperthermia. For this reasons hyperthermia is a hallmark of excited delirium.
Q. And the next slide is titled?
A. Autopsy Findings.
Q. And could you read what that slide says.
A. One study out of Ventura County, California, found that of the persons who died as a result of ExDS, three suffered from psychosis, six were high on cocaine, one from meth, and one from LSD. I'm sorry, I was looking at that funny, but it was basically a study out of California found that 11 persons who died as a result.
Q. And then there's some comments; is that correct?
A. Yes.

Q. And that apparently references the study; is that correct?
A. Correct.
Q. And would I be correct if I would assume that was the *American Journal of Forensic Medical Pathology* from 1993?
A. Yes.
Q. And the next slide, could you read what the title is on that.
A. Preexisting Factors.
Q. And could you read those, please.
A. Autopsies often reveal severe atherosclerosis, cardiomyopathy, and diabetes. Cardiomyopathy results from chronic cocaine and methamphetamine abuse. The combination of the metabolic arrest with severe cardiovascular disease makes a successful resuscitation highly unlikely.
Q. And again there's some comments underneath. Could I have you read those, please.
A. These people typically have a whole bunch of issues prior to the incident. Due to the damage already done to their bodies, it does not respond well to the increased demand that is placed on the ExD subject. The body has a high amount of acids in its system from the ExD event and the preexisting medical issue has a very poor outlook on survivability.
Q. And then the next slide, please, what is that entitled?

A. Mental Health.
Q. Could you read what it says.
A. Those suffering from psychological illness are routinely prescribed dopamine reuptake inhibitors, DRI. They are used to treat depression, ADHD, and even obesity. Much higher risk of ExDS in combination with illicit drug use due to prior use of DRIs.
Q. And again there are some comments. If you could read those, please.
A. Common DRIs you find on the street are sertraline, mazindol, bupropion. Street drugs used as amphetamines, meth, cocaine, and MDMA all have the same effects as DRIs.
Q. And then the next slide, what is the title of that, Inspector Blackwell?
A. Why Does Dopamine Matter.
Q. Could you please read what the slide says.
A. Dopamine, the reward chemical in your brain, is blocked from being removed from your system. The result is a considerable buildup of this chemical. Heart rate, respiration, and temperature control are all affected by dopamine levels with elevation resulting in tachycardia, tachypnea, and hypothermia.
Q. And in the picture here, could you tell the jury what's illustrated on that.
A. It's a scale and there appears to be a substance that's

consistent with a narcotic that they're weighing on the scale.

Q. And that's a digital scale, it's commonly known as that, correct?

A. Correct.

Q. And then there are some comments. This one has a little bit more, so I will have you read them as we go up.

A. The point to stress here is that the drug abuser's long-time use of the drug causes the body to inhibit the uptake of dopamine properly. With very high levels of dopamine in the system unable to be utilized by the synaptic nerve and narcotics, your body will exhibit the other classic signs of ExD, such as.

Q. Can you read what those classic signs of ExD that you train the officers are.

A. Motor activity, impulsive behavior, high agitation, violent, anxiety, loss of contact with reality, inhibiting pain response.

Q. There's some more comments. If you could read those, please.

A. The higher level of dopamine activity, the lower the impetus required to evoke a given behavior. As a consequence, high levels of dopamine lead to high levels of motor activity and impulsive behavior. Low levels of dopamine lead to torpor and slowed reaction. Chronic

amphetamine use alters the body's ability to copy with increased dopamine production and prevents dopamine reuptake.

Q. And then the next slide, could you tell the jury what that's titled, please.

A. Behaviors.

Q. And then could you read what that slide says.

A. NOTACRIME pneumonic -- I don't know how to say that word; I apologize -- used to remember specific clues or behaviors we can use to identify ExDS subjects.

Q. And I'm not sure what "pneumonic" means either, but are you familiar with what's capitalized as one word NOTACRIME, spelled N-O-T-A-C-R-I-M-E?

A. Correct. It's an acronym that was used to put out the symptoms of or the behaviors that someone with excited delirium would display.

Q. The idea is you make up a word that goes with it that helps the officers remember their training, correct?

A. Correct.

Q. And then the next slide looks again like it's one of these just black boxes with a link to a PowerPoint; is that correct?

A. Correct.

(Video recording played)

Q. And the end of that video has what words at the end of

it?
A. "Successfully restrained."
Q. And then?
A. "Suddenly gets calm, stops breathing, dead."
Q. And I know this isn't fair because you weren't paying attention, but there were a numbers of officers that were required in that particular video to restrain this person; is that correct?
A. Correct.
Q. Do you have any idea how many physically restrained him?
A. I --
Q. And maybe to be fair, we could turn it back towards the end of that video.
(Video recording played)
Q. And also, Inspector Blackwell, does it appear to you that some of those officers restraining this person may actually be using their legs, specifically their knees, to restrain this person?
A. It appears that way.
Q. And that's what you train the officers, correct?
A. We're training the behaviors of excited delirium and the officers that responded and took him into custody.
Q. And then going to the acronym -- whoops, excuse me. The next slide is titled what, Inspector Blackwell?
A. N: Patient is Naked and Sweating.

Q. And, again, going to the acronym the NOTACRIME, does the "N" stand for, essentially, naked? Is that what you teach the officers to help them remember the signs?
A. The -- yes, that's what it looks like.
Q. And then could you please read the text on this slide.
A. Hyperthermia: partially clothed, naked subject, cold environments are a huge clue, an indicator of impending death.
Q. And what do you mean when the slide says, "Cold environments are a huge clue"?
A. So when a person strips down and becomes naked, they're generally overheating; and if it's a cold environment, it's a huge clue that if someone is naked running around in cold weather, that would be a big clue that something is not right.
Q. And again there is some comments below this for the instructors. Could you please read that.
A. A 2009 case series of an unprecedented 90 fatal ExD victims, Mash, et al., conducted a postmortem quantitative analysis of dopamine transporters and heat shock protein 70. Incident circumstances, force measures, autopsy and toxicology results were determined and controlled in the analysis. Mean core body temperature among the 90 victims was 40.7 degrees Celsius and, although the majority tested positive for cocaine, four had no licit or illicit drugs or

alcohol found at autopsy.
Q. And then showing you the next slide, Inspector Blackwell, that appears to be again just a black box which has a link to a video; is that correct?
A. Yes.
Q. Okay.
(Video recording played)
Q. And the next slide within this PowerPoint, what is that titled, Inspector Blackwell?
A. O: Patient Exhibits Violence Against Objects.
Q. So would this be to train the officers that "O" stands for something, meaning objects, correct?
A. Correct.
Q. Could you please read the text.
A. Breaking objects within reach. High likelihood that glass is targeted, which creates a danger for blood borne pathogens.
Q. And again what are the comments given to the instructors.
A. This is where you have a subject fight off batons, Mace, Tasers, and anything else that you throw at them.
Q. And the next slide appears to be a link to a video. We'll now play that.
(Video recording played)
Q. Now, again, we can play this back, but at various points

in this particular video did you see the police officers trying to restrain that person?

A. I did.

Q. Did you see them using their knees as part of that restraint?

A. I did.

Q. This is, again, what you're teaching the officers in training?

A. No. We're teaching the behaviors of those that are showing excited delirium. This is a -- it's a medical PowerPoint. And the videos -- this isn't our department. We're using real videos of other agencies that are showing somebody exhibiting signs of excited delirium. Defensive tactics on ours is completely separate from our medical.

Q. You're aware that there was a separate training on excited delirium as part of your defensive tactics training, were you not?

A. Yes.

Q. And then the next slide, could you read the title of that, Inspector Blackwell.

A. T: Patient is Tough and Unstoppable.

Q. And, again, this appears to be the "T of "NOT," NOTACRIME, correct?

A. Correct.

Q. Could you read the content of that slide.

A. Seems like super-human strength, failure of normal pain responses in their system, increased metabolic activity.
Q. And what does the "failure of normal pain responses in their system" mean to you?
A. It means that they are not displaying any signs that they're feeling pain no matter what restraint or technique is being used against them.
Q. And there's some comments again. If you could read those, please.
A. This is where you have a subject fight off batons, mace, Tasers, and anything else that you throw at them. Attempts to subdue these patients often result in an escalation of their violent behavior, which necessities the use of stronger physical restraints.
Q. And if I may interrupt you, basically what you are training the officers is that any attempt to subdue the patients will result in an escalation of their violent behavior, correct?
A. Correct.
Q. And the response to that, you train them is the next sentence. What is that, please?
A. Which necessities the use of stronger physical restraints.
Q. In other words, attempts to subdue these people can cause them to become more resistant or violent, correct?

A. Correct.
Q. And you train them that what you should do is respond with an even stronger physical restraint?
A. If they're that violent in behavior, yes.
Q. Could you continue reading, please.
A. This increased metabolic activity worsens their hyperthermia, which has been recorded in some cases to exceed 105 degrees Fahrenheit. The patient with excited delirium continues to fight the restraints until cardiac arrest occurs.
Q. And the next -- excuse me. Next slide, Inspector Blackwell, could you please read the title?
A. A: Onset is Acute.
Q. And this would be the "A" of NOTACRIME, correct?
A. Correct.
Q. Okay. And could you point out -- could you read what the content of the slide is.
A. Bystanders could state that the subject just went crazy. Damage to their cardiovasculature and buildup of dopamine in their systems was not acute.
Q. And, again, the next slide appears to be one of those black boxes that apparently has a link to a video. I'd like to play that for you now.
(Video recording played)
Q. And, again, Inspector Blackwell, during the course of

that particular video, did you see the police officers that were involved using some restraint techniques?

A. Yes.

Q. Did that involve using their knees to try to restrain that person?

A. Yes.

Q. And they also used Tasers, which apparently that person was impervious to, correct?

A. Yes.

Q. And could you read the next slide's title, Inspector Blackwell.

A. C: Patient is Confused.

Q. And, again, this would be the "C" for NOTACRIME, correct?

A. Yes.

Q. Okay. Could you read the content of this slide.

A. Subject confused to time, place, purpose, and perception. Typically will have no recollection of events.

Q. Then the next slide, again, is one of those black boxes that has a link to a video; is that correct?

A. Yes

(Video recording played)

Q. Now, Inspector Blackwell in these videos that we're seeing, you're seeing the police officers using, among other restraint techniques, the officers using their knees to

restrain that person; is that correct?
A. Correct.
Q. On any of these videos have you seen any of these officers put the person in any sort of a side recovery position?
A. I did not.
Q. And this is the medical training you testified that you're giving the officers on excited delirium, correct?
A. This is the medical training that we're trying to show the -- basically the symptoms that someone is displaying excited delirium, yes.
Q. And the next slide, Inspector, if you could read the title to that.
A. R: Patient is resistant.
Q. And could you please read the context.
A. Verbal loop of "get on the ground." Handcuffing and hobbles will take multiple officers. Understand some subjects will not respond to pain compliance.
Q. And going to this content, what is meant by the "verbal loop of 'get on the ground'"?
A. It's generally when the officers are telling someone get on the ground and they're not listening or complying, and you are constantly saying, "Get on the ground, get on the ground, get on the ground."
Q. And what does that second sentence mean? What are you

training the officers there?
A. Handcuffing and hobbles might take multiple officers to get the person in custody.
Q. We've actually seen that in these videos, have we not?
A. Correct.
Q. And there is a comment there for the instructors. Could you please read that.
A. MPD blue hog pile.
Q. Now, could you tell the jury what is meant by that particular phrase.
A. It means that you might see a pile of MPD officers, hog piling someone that's displaying excited delirium to get them into custody.
Q. And, as we discussed, sort of the training has evolved over the years, correct?
A. Yes.
Q. And you've taught different techniques to officers on how to restrain a person?
A. Yes.
Q. So what's referred to there as a hog pile is just a whole bunch of people pinning someone down, correct?
A. Correct.
Q. And are you familiar with what's called the swarm technique that was taught at one point by Minneapolis?
A. Yeah, sounds familiar.

Q. Could you tell the jury what that is.
A. Just where basically the MPD officers are swarming somebody to try to get them in custody, a combative person, and you are trying to get them into handcuffs as quick as possible.
Q. Same thing, essentially, as a hog pile, is it not --
A. Similar.
Q. -- just different terminology.
And the next slide, if you could read the title, Inspector Blackwell.
A. I: Patient's speech is incoherent.
Q. And, again, would this be the "I" in the middle of "CRIME" for NOTACRIME?
A. Yes.
Q. And if you could read the content, please.
A. Most, if any, conversation the person is having is incoherent. Do not rely on information they are giving you to be accurate.
Q. And that second sentence, could you elaborate on that a little further? What do you mean by that?
A. It means someone's -- they might not be coherent enough to know what they're talking about, so they might say a lot of things that might not make sense.
Q. Might not be accurate?
A. Yes.

Q. Might not be truthful?
A. Correct.
Q. And the comments below that?
A. Delusions can sometimes mask these subjects as just a mental health crisis. Always be safe when these signs exist to believe it could be ExD.
Q. Now, essentially you've got two sentences that mean different things, correct?
A. Correct.
Q. What does that first sentence mean? What are you training those officers by putting that first comment in there?
A. Delusions -- they might be delusional. That might mask that they might be going through a mental health crisis.
Q. In other words, their delusions could sometimes mask as just a mental health crisis, correct?
A. Correct.
Q. So you are trying to differentiate a mental health crisis from excited delirium, are you not?
A. Yes.
Q. Okay. And then what's that second sentence?
A. Always be safe when these signs exist to believe it could be excited delirium. So we are just saying be safe. If the signs are showing, it could be excited delirium.
Q. Now, going back to these videos, you can see in these

videos that the people are noncompliant to pain techniques, correct?

A. Correct.

Q. Things like Tasers and chemical irritants aren't having an effect on them?

A. Yes.

Q. And they are attacking officers, correct?

A. Correct.

Q. Isn't that what you are really saying when you say "always be safe when these signs exist"?

A. Yes. They are very dangerous situations to be in.

Q. And then the next, could you read the title of that, Inspector Blackwell, please?

A. M: Patient exhibits mental health.

Q. And the content?

A. Any behavior that seems out of the ordinary. Can be anything you observe from scene. Bystanders can also be helpful for subject's history.

Q. And then there's some comments for the instructors, correct? Could you read those.

A. Read your dispatch information. Callers will typically tell dispatch if the event is out of ordinary.

Q. And would that assume that the caller knew this person?

A. Sometimes generally it would or sometimes it might be a witness that's calling in reporting unusual behavior.

Q. And the next slide, could you read the title to that, please.
A. E: EMS Should Be Requested Early.
Q. And is that the "E" at the tail end of "CRIME"?
A. Yes.
Q. Okay. And could you read the content to that slide, please.
A. Always advised to have EMS coming to stage Code 2 if dispatched to a combative or likely combative emotionally disturbed person, call comments state any injury, you feel that this is true ExDS per the comments.
Q. Now, I'd like to break that down a little bit to the jury. It says you are always advised to have EMS; is that correct?
A. Correct.
Q. What does that stand for, Inspector Blackwell?
A. Emergency medical services.
Q. And is that basically the ambulance staff?
A. Correct.
Q. Okay. And "coming to stage," what does that mean?
A. Means stage the ambulance nearby until you are Code 4, the scene is safe.
Q. In other words, you train the officers to request emergency medical services, but to stage away from the scene until the scene is under control, correct?

A. Correct.
Q. Is that actually for the safety of the EMS personnel?
A. Yes.
Q. And then "Code 2," what does that mean?
A. Routine.
Q. So, in other words, request EMS, but ask them to come Code 2, in other words, normal, obeying traffic lights, things like that, correct?
A. Correct.
Q. And then could you talk about "dispatched to a combative or likely combative emotionally disturbed person." That's if they're dispatched to that situation, correct?
A. Correct.
Q. It doesn't indicate anything to do if they come upon that situation without being warned ahead of time on some level, correct?
A. Correct.
Q. And then the second thing is "call comments state any injury"; is that correct?
A. Yes.
Q. What is meant by that?
A. Call an ambulance, basically, if you see any comments in there, in your call, that there's any injuries involved.
Q. And then there are some comments to that particular slide, Inspector Blackwell. Could you please read those.

A. We do not need EMS on every single emotionally disturbed person. Some are just a basic welfare check. EMS should be staged if you believe this could be an excited delirium as you showing up could escalate the situation.

Q. So what you are training the officers is even them simply responding to a call might escalate the reactions of the person if they're in the syndrome?

A. Correct. Correct, yes.

Q. And the next slide, if you could read the title to that.

A. Could you push it down a little bit?

Q. I'm sorry.

A. Thank you. Okay. They Are in Handcuffs. Now What?

Q. And then could you read the content on this particular slide.

A. Sudden cardiac arrest typically occurs immediately following a violent struggle. Place the subject in the recovery position to alleviate positional asphyxia. Once in handcuffs, get EMS on the scene quickly to monitor and transport. Sign a transport hold on these individuals. Complete a CIC report.

Q. And what does "a CIC report" refer to, Inspector Blackwell?

A. I forgot what the acronym is off the top of my head, but it's a person in crisis.

Q. And you indicate that -- the second thing talks about

putting the subject in the recovery position, correct?
A. Correct.
Q. Up until this point has any of this training, this PowerPoint presentation, mentioned the recovery position?
A. I don't believe so.
Q. Have any of the videos shown a recovery position?
A. No.
Q. And going to this picture in question here, do you see the instructor who is wearing the khaki pants?
A. I do.
Q. Could you please tell the jury where that person's knee is on the person they're restraining.
A. Appears to be in the neck/upper shoulder area.
Q. Okay. And the person in this video has his head turned to the side?
A. Yes.
Q. Would you argue with me if I told you it appears as if that instructor's knee is on that person's neck?
A. I would not argue with you on that, no.
Q. And then could you please read the comments to this particular slide.
A. Supporters of the positional asphyxia hypothesis postulate that an anoxic death results from the combination of increased oxygen demand with a failure to maintain a patent airway and/or inhibition of chest wall and

diaphragmatic movement. This explanation has been further supported by coroners' reports of positional asphyxia as the cause of death in multiple fatal ExD cases.

Q. And talking about that particular comment that you want the instructors to talk to the officers about, it refers to something of supporters of the positional asphyxia hypothesis; is that correct?

A. Correct.

Q. And it looks like what you are training them is that people that believe in positional asphyxia think that a death results from a combination of increased oxygen demand with a failure to either maintain an airway or what's called inhibition of the chest wall and diaphragmatic movement. Do you understand what all those terms mean?

A. It's a lot.

Q. "Inhibition of the chest wall and diaphragmatic movement," what does that mean to you, Inspector Blackwell?

A. It means probably the diaphragm is not getting enough movement.

Q. In other words, the chest and the diaphragm are constricted, correct?

A. Correct.

Q. And that's what you are telling the officers that supporters of positional asphyxia hypothesis believe, correct?

A. Yes.
Q. And the second part of that sentence talks about this explanation has been supported by coroners' reports of positional asphyxia, correct?
A. Correct.
Q. In multiple fatal excited delirium cases, correct?
A. Correct.
Q. And then if I could have you read the next two sentences, please.
A. Policy is written -- sorry, I'll go back up one.

You may need to have one officer ride along with the subject if there is a chance they could become violent.

And then policy is written in Manual Revision 7-809 Crisis Intervention.
Q. And that refers to a separate crisis intervention policy, correct?
A. Correct.
Q. But the sentence above that, "You may need an officer to ride along with the subject if there's a chance they could become violent," why are you putting that in your training?
A. Generally to protect the paramedics if they're riding along in an ambulance and a person can turn -- could become violent, has the potential.
Q. Okay. Now, in the training on excited delirium, you actually train that these people can be restrained, but then

can suddenly become violent again, correct?
A. Correct.
Q. With super-human strength?
A. Correct.
Q. So you are going to need to keep an eye on them, that's really what you are telling the officers in that particular sentence, correct?
A. Yes.
Q. The next slide, Inspector Blackwell, if you could please read the title to that.
A. EMS Role in Sedation.
Q. And read the content, please.
A. Assist in controlling suspect for you, your partner, and EMS safety on scene. If EMS decides to medicate suspect, they could use benzodiazepine like versed, antipsychotics like haldol, dissociative agent ketamine.
Q. Now, are you familiar with ketamine, Inspector Blackwell?
A. Yes.
Q. Can you tell the jury how you are familiar with ketamine.
A. It's generally the paramedics will have it on them and if a person is displaying that super-human strength, they will give them a dosage of ketamine to calm them down.
Q. Have you actually been at scenes where that has

occurred?
A. I have.
Q. And essentially the police officers aren't equipped with ketamine, correct?
A. Correct.
Q. So they have to restrain the person until the EMS shows up with the ketamine, correct?
A. Yes.
Q. And it would be the paramedic or the EMS, not the police officer, who decides what medical route to take, correct?
A. Yes.
Q. And the top phrase talks about assist in controlling the suspect for yourself and your partner. Presumably for officer safety, correct?
A. Yes.
Q. As well as the safety of the first responders. Those paramedics, correct?
A. Yes.
Q. And again there is some comments?
A. Listed medications are for information purposes taken from the ALS protocols from HCMC EMS.
Q. And just going back so the jury understands, what does "ALS protocols" stand for?
A. I can't remember. I apologize.
Q. Can you tell the jury what HCMC EMS stands for?

A. It's Hennepin County Medical Center emergency medical services, paramedics from Hennepin County.
Q. Referred to as Hennepin Healthcare now, correct?
A. Sounds right.
Q. A long time ago was referred to as General Hospital, was it not?
A. Yes, it was.
Q. All right. And then could you continue reading, please.
A. Benzodiazepines are a class of drugs primarily used for treating anxiety. Antipsychotic medications are used as a short-term treatment for bipolar disorder to control psychotic symptoms, such as hallucinations, delusions, or mania symptoms. Dissociatives are a class of hallucinogen, which distort perceptions of sight and sound and produce feelings of detachment, disassociation, from the environment and self.
Q. And the next slide on the power presentation, Inspector Blackwell, if you could read the title of that.
A. Ketamine.
Q. And what is the content of this particular slide?
A. Appears to be a bunch of articles in the media.
Q. Talking about the use --
A. Talking about ketamine.
Q. Excuse me. I spoke over you.
Those articles are basically referencing ketamine

used by emergency medical responders from Hennepin Healthcare and presumably other places, correct?
A. Correct.
Q. And to the right this slide says, MPD Involvement in Prehospital Sedation. What does that mean, Inspector Blackwell?
A. It just means that Minneapolis -- when we're involved in the prehospital sedation, it means more or less that we're going to be there to protect the paramedic if they have to administer ketamine.
Q. So when they're sedating people out on the street, the police are there to protect the emergency medical responders from the person they're going to sedate, correct?
A. Correct.
Q. That would ensue -- that would assume, would it not, that the police officers are in some ways restraining this person to allow that person to be sedated by EMS, correct?
A. Correct.
Q. This is what you're training the officers about excited delirium, isn't it?
A. That there's dangers involved in it, yes.
Q. And there are some comments to this particular slide. Could you please read those.
A. Though well-intentioned, the ketamine draft report from the City of Minneapolis is a reckless use of anecdotes,

partial snapshots of interactions with police, and incomplete information and statistics to draw uninformed and incorrect conclusions. This draft report prevents progress we are making to understand and improve the use of sedation to manage patient agitation, and in some cases this draft report will prevent the saving of lives by promoting the concept of allowing people to exhaust themselves to death.

Q. And they're referring to a draft report from the City of Minneapolis. Do you know what that is that you're training these officers about?

A. I'm not sure what the draft report was at the time.

Q. So you don't know what that means in the training, correct?

A. Correct.

Q. Okay. And the last sentence appears to be a critique of this draft report; is that correct?

A. Appears to be.

Q. Could you please read that last sentence.

A. This draft report prevents progress we are making to understand and improve the use of sedation to manage patient agitation, and in some cases this draft report will prevent the saving of lives by promoting the concept of allowing people to exhaust themselves to death.

Q. What is meant by that, this exhausting themselves to death, Inspector Blackwell?

A. Basically wearing themselves out until they overheat and die.
Q. So, in other words, the police restraint is actually a means of protecting these people from exhausting themselves and dying, correct?
A. Correct.
Q. That's what you are training these officers again, correct?
A. I don't think that was the point of the training, but appears that way.
Q. In the next slide, Inspector Blackwell, if you could read the title of that.
A. The White Paper.
Q. And could you read the content of that slide.
A. Twenty medical doctors across the United States contributed to white paper report on excited delirium syndrome in 2010. Beneficial use of aggressive chemical sedation as first line intervention. Law enforcement control measures should be combined with immediate sedative medical intervention to attempt to reduce the risk of death.
Q. And could you explain what that last paragraph or bullet point really means.
A. So law enforcement control measures should be combined with the sedatives to help the medical to attempt to reduce the risk of death of the person that you are trying to take

in custody.
Q. So, in other words, what you are training officers is to restrain these people until they can be sedated by EMS, correct?
A. Well, it's law enforcements control measures, so within our policy, right.
Q. It's restraint, isn't it?
A. Could be.
Q. Okay. And if they're doing that, you are training them they will actually reduce the risk of death to the person, correct?
A. Correct.
Q. And there's some comments. If I could have you read those too, please.
A. The report studied inability to report ExDS cases constantly due to the wide ranging clinical manifestations of ExDS patients. One main theme that is consistently stated throughout the paper is that the patient has almost a 10 percent chance of death due to metabolic acidosis if they are not properly sedated following the typical violent combative behavior.
Q. And that's a reference to the study in question, correct?
A. Correct.
Q. And the first sentence refers to "wide ranging clinical

manifestations of excited delirium syndrome patients," correct?

A. Correct.

Q. What do you mean by that?

A. Because there's a wide range of different symptoms and behaviors that a person can display in excited delirium patients.

Q. Some people display certain symptoms and not other ones, others different symptoms and not other ones, correct?

A. Correct.

Q. Every case is different, is it not?

A. Yes.

Q. And then could you read the title to this particular slide, please.

A. MPD Policy.

Q. And could you read the content.

A. MPD employees shall not make any suggestions or requests regarding medical courses of action to be taken by any medical personnel. Determinations made by medical personnel regarding medical courses of action must be clearly made by medical personnel.

MPD -- do you want me to continue reading 1 and 2?

Q. Yes, go ahead.

A. MPD employees shall provide medical personnel with any necessary information related to the subject's observed or

known conditions and behaviors so the medical personnel can conduct a quick and accurate assessment and determine the best medical courses of action.

MPD employees shall provide medical personnel the names of any MPD employees who provided first aid or assisted with a person's care so that notifications can be made to involved officers of possible exposure to any pathogens discovered through further medical examination.

Q. And then if I push it up to the instructors comment, could you read that, please.

A. MPD policy 7-350, emergency medical response.

Q. That refers to a different policy within the Minneapolis Police Department, correct?

A. Correct.

Q. And what is the title of this next slide, Inspector Blackwell?

A. HCMC Policy for Ketamine.

Q. Could you please read the content.

A. Profound agitation. If the patient is profoundly agitated with active physical violence to himself/herself or others evident and usual chemical or physical restraints (Section C), may not be appropriate or safely used, consider, A, ketamine 5 milligrams. If IV already established, may give 2 milligrams IV.

If ketamine is administered, rapidly move the

patient to the ambulance and be prepared to provide respiratory support, including suctioning, oxygen, and intubation; monitoring of the airway for laryngospasm (presents as stridor, abrupt cyanosis/hypoxia early in sedation period). If laryngospasm occurs, perform the following in sequence until the patient is ventilating, then support as needed.

Q. Now, again, to be clear, this isn't a Minneapolis Police Department policy, you are training the Minneapolis police officers on what the Hennepin County Medical Center policy is for ketamine, correct?

A. Correct.

Q. And the Hennepin County Medical Center policy for ketamine talks about using physical restraints, correct?

A. Correct.

Q. And then the comments to the instructor?

A. Though well-intentioned, the ketamine draft report from the City of Minneapolis is a reckless use of anecdotes, partial snapshots of interactions with police, and incomplete information and statistics to draw uninformed and incorrect conclusions. This draft report prevents progress we are making to understand and improve the use of sedation to manage patient agitation, and in some cases this draft report will prevent the saving of lives by promoting the concept of allowing people to exhaust themselves to death.

Q. Okay. And this time I'd like to go back to the first sentence, Inspector Blackwell. Does this first sentence appear to be a critique of the ketamine draft report from the City of Minneapolis?
A. It does.
Q. And it talks about the people behind that being well-intentioned, does it not?
A. It does.
Q. But it's a reckless use of anecdotes, partial snapshots of interactions with police, and incomplete information and statistics to draw uninformed and incorrect conclusions, correct?
A. Correct.
Q. What you are training the officers is that this draft report is wrong and uninformed, correct?
A. Appears that way.
Q. And the next slide, Inspector Blackwell, could you read the title.
A. Final Thoughts.
Q. And the content, please.
A. Never go to an EDP call alone. Always have an escape route. Have a backup plan when Taser or pain compliance fails. If Taser is used, gets hands on instantly.
Q. And the next slide appears to be one of those black boxes leading to a video, which we will now play.

(Video recording played)

Q. Now, Inspector Blackwell, did you see the way the police officers in this particular video showed in training were restraining the person?

A. I did.

Q. Did you see a knee being placed on that person by one of the officers?

A. I did, and he removed it.

Q. Excuse me. I --

A. I said, "I did." Put the knee on to restrain and then removed it.

Q. And did he put his knee in the area of the person's upper back or neck area, if you could tell?

A. It appeared that way.

Q. And then the next PowerPoint -- whoops, excuse me. The next PowerPoint is another black box, which is a link to a video, which we will now play.

(Video recording played)

Q. Now, Inspector Blackwell, that appears to be the second responding officer's on-the-scene body cam footage; is that correct?

A. Yes.

Q. And in that particular video, can you actually see the first officer using his knee to restrain that person?

A. It appeared that way.

Q. And then the next slide. Can you tell the jury -- read the jury the title of that slide.
A. Safety First.
Q. And then the next sentence?
A. You never know when a cat is packed with explosives.
Q. And what is depicted in that image, the picture on this slide?
A. Appears to be two SWAT officers from another agency stopping a cat.
Q. Now, if we may describe those, those two officers are carrying basically assault rifles, are they not?
A. Correct.
Q. They have tactical helmets?
A. Yes.
Q. Tactical vests?
A. Yes.
Q. Almost looks military-like, doesn't it?
A. Yes.
Q. And then the final slide to this PowerPoint is a series of references, correct?
A. Correct.
Q. Now, Inspector Blackwell, this is the training you gave the Minneapolis police officers in-service about excited delirium, correct?
A. One of our medical professionals did, yes.

Q. You are the head of training. You approved this, correct?
A. Correct.
Q. Would I be correct in assuming, from your previous testimony, this is something you previewed?
A. Yes.
Q. You previewed with the command staff?
A. Yes.
Q. Including Chief Arradondo, correct?
A. Correct.
Q. To make sure that his vision was included in this training, correct?
A. Correct.
Q. And in that entire presentation, that PowerPoint, there is one sentence about putting someone in a side recovery position, correct?
A. Correct.
Q. And multiple instances of police officers physically restraining people, correct?
A. Correct.
Q. And using their knees to do so, correct?
A. Correct.
Q. Including a photograph of an instructor putting his knee on the back of someone's neck, correct?
A. It wasn't our agency, but there was a photo of, yes.

Q. That was a photo you used in training, your department?
A. For medical, not DT, yes.
Q. You can see a knee being placed on someone's upper back or neck in at least one of these videos, correct?
A. Correct.
MR. ROBERT PAULE: And may I have just a moment, Your Honor?
THE COURT: Yes, you may.
(Pause)
MR. ROBERT PAULE: Your Honor, with the court's permission, I'm going to attempt to introduce Exhibit T-14. And I do have two paper copies for the court and I have given counsel one. May I approach your staff?
THE COURT: You may.
Counsel, I think it's time we take a morning break.
MR. ROBERT PAULE: Fine.
THE COURT: Let's take a morning break.
Members of the jury, I caution you, once again, not to discuss the case during the course of the recess. And we are in recess. You may be excused.
(Jury excused)

**IN OPEN COURT**

**(JURY NOT PRESENT)**

THE COURT: Okay. Do you want to tell me about

T-14?

MR. ROBERT PAULE: T-14 is a course lesson -- excuse me, Your Honor. T-14 is a lesson plan from the 2019 Phase III Defensive Tactics - Instructor Development training that includes a description of how to train a scenario for police officers who believe someone is dealing with excited delirium. And the specific reference I believe is on the fifth page of the document, which is Bates 00052605, into the next page.

THE COURT: And it is offered?

MR. ROBERT PAULE: It is offered, Your Honor.

THE COURT: Is there objection?

MS. BELL: No, Your Honor, but we would need to do that in front of the jury.

THE COURT: We will do it in front of the jury.

MS. BELL: Oh, okay.

THE COURT: I just wanted to find out if we had something to argue about now.

MS. BELL: I thought maybe we were just jumping ahead. No objection, Your Honor.

THE COURT: All right. We will receive it when we come back in. In fact, you will have to lay the -- you have permission to lay the foundation of it.

Okay. Let's take a break.

(Recess taken at 11:14 a.m.)

* * * * *

(11:30 a.m.)

**IN OPEN COURT**

**(JURY PRESENT)**

THE COURT: Proceed, Mr. Paule.

MR. ROBERT PAULE: Thank you, Your Honor.

BY MR. ROBERT PAULE:

Q. I think just to reorient everyone, Inspector Blackwell, I believe my last serious of questions were about the 2009 Phase III defensive tactics training, the instructor development, correct?

A. Correct.

Q. And can you please explain to the jury what that means. They may not know.

A. Defensive tactics instructor development is we have full-time trainers at our training facility, a small core group. And then we have -- we rely heavily on many part-time trainers that are permanent assignments throughout the department who come and help teach throughout in-service because there are so many sessions.

Q. So this is essentially training the instructors on how to train people during the in-service training, correct?

A. Correct.

Q. And are you familiar with the defensive tactics instructor development lesson plan from the 2019 Phase III

defensive tactics?
A. Generally, yes.
MR. ROBERT PAULE: May I approach the witness, Your Honor?
THE COURT: You may.
BY MR. ROBERT PAULE:
Q. Showing you a document that is not marked for identification, but if I was to show you, I'd like to see if you recognize this particular document.
A. Okay.
THE COURT: Counsel, is this T-14?
MR. ROBERT PAULE: It is T-14, Your Honor.
THE COURT: Okay. Members of the jury, you should be aware that during the recess Exhibit T-14 was received as evidence.
BY MR. ROBERT PAULE:
Q. Do you recognize that document?
A. I do.
Q. Okay.
And I would offer T-14 if it has not been received.
THE COURT: It is received.
MR. ROBERT PAULE: I would like to publish. And may I approach the witness to get my copy back?
THE WITNESS: Yes.

THE COURT: Counsel, I have an extra copy if you need two copies.

MR. ROBERT PAULE: That would actually be helpful. May I approach? Thank you very much.

BY MR. ROBERT PAULE:

Q. Inspector Blackwell, I'm showing you Exhibit T-14. It looks like it's difficult for me to get this all on one page with my lack of skill, but the top of this has the title. Could you please read the title.

A. 2019 Phase Three Defensive Tactics - Instructor Development.

Q. And what is this document?

A. It is a training syllabus that basically is going to show what the training covered, which was critical decision-making, deescalation, use of force, Taser, annual training requirements, use of force policies, weapon retention, the new Taser 7 introduction, and then introducing the BolaWrap, which is a demonstration on a new nonlethal device.

Q. And it indicates that the unit's ultimate goal is to teach respect, professionalism, and the sanctity of life; is that correct?

A. Correct.

Q. And do you know who created this lesson plan?

A. Sergeant Kurtis Schoonover.

Q. And this was part of the instruction to the people that were going to be instructing in Phase III of 2019; is that correct?
A. Correct.
Q. Now, do you know if there was any scenario-based training as part of this Phase III defensive tactics, if you know?
A. Not off the top of my head. Sorry.
Q. Okay. I'd like to direct your attention, then, to I believe it's page 5 of the lesson plan, and I'll try to queue it up so you can read it, Inspector Blackwell. Do you see on page 5 --
A. Yes.
Q. -- do you see where it says, "HALT Scenario 1"?
A. Yes.
Q. What does that mean?
A. I'm not sure, the HALT close quarter. Stop?
Q. Well, just so I'm clear, do you know what the word "HALT" means in that it's in all capitals? I assume that refers to something.
A. Not off the top of my head, I don't.
Q. Okay. But HALT Scenario 1 appears to be teaching instructors how to instruct police officers about certain scenarios; is that correct?
A. Sounds right, yes.

Q. And Scenario 1 would be a suicidal object with a knife?
A. Yes.
Q. And does the rest of the lesson plan essentially give the instructor advice on how to enact or to complete the scenario with the students?
A. Yes.
Q. And then I direct your attention to HALT Scenario 2. Could you read what HALT Scenario 2, the first two sentences, instructs them to do.
A. Officers have HALT close quarter in CEW. Radio call: Subject on 10th floor in small room, sweating profusely, removing clothing, and breaking out windows.
Q. Does this appear to be a scenario to teach the instructors how to instruct the officers in in-service training about recognizing and dealing with a person who is in a situation where they're in excited delirium?
A. It appears that way, yes.
Q. And then going over to page 6 of Exhibit T-14, could you read through the rest of that scenario, please. And I will try to zoom up just so I can see it better.
A. Thank you.
O1 will engage the subject with O2 giving lethal cover. O1 should recognize excited delirium danger signs and call EMS to the scene. O1 may give warning and arc display.

Q. Could I interrupt you. O1 and O2, I assume, refer to Officer 1 and the second officer in training, correct?
A. Correct.
Q. And what is lethal cover?
A. Lethal is your firearm.
Q. So, in other words, your training them in this particular scenario that they should draw their firearm to provide cover for the other officer?
A. Correct.
Q. And lethal cover means to use a gun, correct?
A. Correct.
Q. Okay. And then what does -- the second sentence, "O1 should recognize excited delirium danger signs and call EMS to the scene," that might seem self-explanatory, but could you please explain what you are trying to train the officers.
A. Sure. So Officer 1 should recognize the symptoms or the behavior and the danger signs of excited delirium and make sure that they are calling paramedics to the scene.
Q. And what's the second sentence of that particular line?
A. Officer 1 may give warning and arc display.
Q. What does "arc display" mean?
A. So when you have a Taser, it has to two mechanisms to it. One is the stun portion, and then the second one is there's a cartridge that shoots out of the Taser probes. So

when you remove that cartridge, you can take your Taser and it arcs when you press the trigger, just arcs like electric. It's like a loud noise, static.

Q. Kind of like one of those balls in science class that has the lightning in it?

A. Correct.

Q. And then could you read the rest of the scenario, please.

A. Instructor advises: Subject approaches Officer 1 and Officer 2. Officer 1 deploys 1 HALT close quarter cartridge. Instructor advises: Ineffective. O1 fires the second cartridge. And then the instructor advises: Subject fell to ground. Officers handcuff subject. End scenario. Once --

Q. And -- I'm sorry. Go ahead.

A. Once scenario is complete, have the officers reset and switch roles.

Q. And if we could go through that, so it looks like it at the start you want the officer -- the first officer should recognize the person is in excited delirium and then should respond to that by requesting emergency medical response to the scene, correct?

A. Correct.

Q. And then warn them about a Taser and essentially demonstrate it?

A. Correct.
Q. And then the instructor would advise the person with excited delirium, the person who is pretending that, the subject, to go and approach both officers; is that correct?
A. Yes.
Q. And at that point the first officer is supposed to deploy the Taser?
A. Yes.
Q. The instructor will then advise, as part of the scenario, that the Taser wasn't working. They are pretending, but that's what he tells them. So they are reacting to that scenario, correct?
A. Correct.
Q. So what is the officer supposed to do at that point?
A. Fire a second cartridge.
Q. And then the instructor advised them that the subject fell to the ground, correct?
A. Yes.
Q. And that the officers should handcuff the subject, correct?
A. Yes.
Q. And that's the end of the scenario?
A. Correct.
Q. Doesn't seem to mention the recovery position in the training, does it?

A. Does not.
Q. Does it have any continuing medical training for the officers as part of this scenario?
A. Not part of this scenario, no.
Q. Now, Inspector Blackwell, you met on March 9th of 2021 for preparation for your testimony in the state court trial, correct?
A. Sounds right.
Q. Sounds right.

Do you remember meeting with three separate state prosecutors on that particular date?

A. Yes.
Q. Including the lead prosecutor, Matt Frank?
A. Sounds correct.
Q. Okay. He's actually in the courtroom, isn't he?

MS. BELL: Objection, Your Honor.

THE COURT: Yeah, I don't see the relevance of that. If he wants to be in the audience, that's his privilege.

MR. ROBERT PAULE: Absolutely, Your Honor.

BY MR. ROBERT PAULE:
Q. But when you were preparing for your testimony in that trial, do you recall talking about a New York Police Department video on excited delirium?
A. I remember discussing excited delirium.

Q. Okay. Do you remember discussing a specific video from the New York Police Department?
A. Not off the top of my head.
Q. Okay. Do you recall re -- excuse me. Do you recall discussing, during that meeting with the state court prosecutors, a positional asphyxia training video from the New York Police Department?
A. I believe so.
Q. Now, the jury has seen a New York Police Department video on positional asphyxia; is that correct?
A. Yes.
Q. I believe, if I'm correct, that was the approximate six-minute video that was Exhibit 76; is that correct?
A. Sounds correct.
Q. Let me put it to you differently. Do you recall seeing a video with some guy sitting on a desk talking about positional asphyxia who appeared to be a doctor?
A. Yes.
Q. If I was to tell you that was Exhibit 76, does that make sense to you?
A. Yes.
Q. Okay. Now, is that the video that you were discussing with the state court prosecutors?
A. I believe so.
Q. Okay. And you told them during that meeting that part

of your training --

MS. BELL: Objection. Hearsay, Your Honor.

MR. ROBERT PAULE: Excuse me. I can rephrase that.

THE COURT: I'm sorry, counsel. I didn't --

MR. ROBERT PAULE: I will rephrase the question, Your Honor.

THE COURT: Okay.

BY MR. ROBERT PAULE:

Q. Do you recall discussing the move away from the military mindset that you were trying to move the department?

A. Yes.

Q. And do you recall also telling them -- well, did you discuss whether or not you had personally selected Derek Chauvin as a field training officer?

A. I believe we discussed that.

Q. Do you recall what you told them with regard to that?

A. That I selected many field training officers.

Q. Okay. Do you remember saying that you did not select him personally, if you remember?

A. Well, not personally. I select all FTOs, I guess. So not reaching out and selecting him as in calling him up and saying, hey, will you be a field training officer. He had to go through a process, like all 80 of them that I selected. The 80-plus that I selected had to go through

this process.

Q. Okay. That makes sense to me.

Now, again, then, on December 17, 2021, did you have a meeting with the federal prosecutors?

A. Sounds right.

Q. And during that meeting did they show you a video on positional asphyxia that was created by the New York Police Department?

A. Yes.

Q. Is that the same one that we showed in court?

A. Yes.

Q. Okay. Now, I wasn't clear when you testified, but you spent a great deal of time trying to locate the video that was shown in 2012, correct?

A. I did, yeah.

Q. You personally, as head of the training department, went through all the records to see if you could find the actual video, correct?

A. Correct, my staff and I.

Q. Were you ever able to find the actual video you showed the officers?

A. I was not.

Q. So the video that was shown in court --

MS. BELL: Objection, Your Honor. May we have a moment? No, with Mr. Paule. May I have a moment with

Mr. Paule?

THE COURT: Oh, okay.

MS. BELL: Thank you.

(Counsel confer)

BY MR. ROBERT PAULE:

Q. Inspector Blackwell, it appears I was a little confused. Without going to how that video was obtained, is your testimony that that was the actual video that was distributed during this 2012 roll call where you asked -- or someone asked the officers to show this video to everyone?

A. I don't know if that was the same exact video. I remembered that in 2012 we did see a positional asphyxia video. I just couldn't remember if it was that specific one.

Q. Yes. And I'm not trying to --

THE COURT: Counsel, I need to interrupt. We've heard about that video, this video, and I don't know specifically what we're talking about.

MR. ROBERT PAULE: That's my mistake, Your Honor. May I clarify?

THE COURT: Please.

MR. ROBERT PAULE: Thank you.

BY MR. ROBERT PAULE:

Q. Inspector Blackwell, just so we're both clear, Exhibit 76 was the video that was shown, correct?

A. Correct.
Q. Okay. And that video was obtained somehow and that is the video that was shown to officers at roll call in 2012; is that correct?
A. I believe so.
Q. Okay. Didn't want to confuse anyone.
A. Thank you.
Q. And this was referred to as an administrative announcement, correct?
A. Correct.
Q. And is this something that is sent out to basically all of the sergeants to give this instruction on this video, to show this video at roll call?
A. Administrative announcements are generally sent out to the whole department, and then supervisors will take those administrative announcements and show them at roll calls.
Q. And my understanding of roll call is sort of right before the shift starts, a supervisor assigning partners and explaining sort of what's going on if there's anything in particular to pay attention to, something like that. Is that accurate?
A. Yes.
Q. Okay. Was there any instruction on what the supervisor should tell the officers to look for in that video?
A. No. Generally the administrative announcements will

have some brief description of what it is and then to play the video.

Q. Okay. Now, going back to the start of your testimony, one of the themes of your testimony was that when a person is in your custody, they are in your care; is that correct?

A. Correct.

Q. And I believe what your testimony was is that that means that you are responsible for them and their well-being; is that correct?

A. Correct.

Q. Are there scenarios where you have a person in custody where you have to protect them from themselves?

A. We have a lot of scenarios, so I'd have to look through all of our scenarios.

Q. Okay. How about if a person is in the throes of excited delirium and you are worried about them exciting themself essentially to death, would that be a situation where you might have to protect them from themselves?

A. Yes.

Q. Are there other scenarios where you might have to protect someone who is in your custody from, let's say, someone else who intends them ill will?

A. Yes.

Q. Sort of as an example, let's say you break up a fight and you've got one person and the other person comes over

and tries for a second round with them. You would still have to protect the person in your custody from that person; is that correct?

A. Correct.

Q. Would this also involve other situations where someone was trying to intervene but didn't really understand what was going on? Would you still have to protect that person in your custody?

A. Yes.

MR. ROBERT PAULE: Thank you. I don't have any further questions.

THE COURT: Thank you.

Mr. Gray.

MR. GRAY: Thank you.

MR. ROBERT PAULE: Your Honor, may I bring the court back Exhibit T-14?

THE COURT: Certainly.

CROSS-EXAMINATION

BY MR. GRAY:

Q. Good morning.

A. Good morning.

Q. Inspector Blackwell, I'm Earl Gray. I don't know if we've ever met. We may have in years past.

But I'm going to ask you some questions a little bit unrelated to what you've gone through this morning, and

that is in regards to Officer Lane, Thomas Lane.

And you watched the video of Thomas Lane; is that a fair statement?

A. Yes.

Q. The video of him approaching George Floyd, arresting him, and all of what happened after that; is that correct?

A. Correct.

Q. And you also testified about the use of force booklet or program or document that the officers are trained on; is that right?

A. Correct.

Q. And the use of force starts at 5-303-1, duty to intervene or duty for intervention; is that correct?

A. Sounds right, yes.

Q. Do you have a copy of the -- do you remember -- do you have that exhibit? I think it's 134 -- or 130. Do you have a copy of that?

MR. GRAY: Can we have a copy of that for her?

MS. BELL: Which one?

MR. GRAY: Exhibit 130.

(Counsel confer)

THE COURT: Counsel, I think I have it, if you don't.

MR. GRAY: Well --

THE COURT: I guess I don't have it.

BY MR. GRAY:

Q. I'm going to give you this Document 130 and direct your attention to the authorized use of force section. I think it's 303 -- 5-303. You might be able to find it easier.

A. Thank you.

Q. I'm going to talk about 5-303.01, that chapter, if that's helpful to you.

A. Almost there. 5 -- what was it?

Q. 5-303.01 and after that, the use of force. You got that there?

A. I do.

Q. Now, the use of force -- and what is this document, the exhibit that you have there?

A. It's the MPD Academy's manual.

Q. Okay. So that's the manual that all of the trainees, the officers get when they are going through the academy?

A. Correct.

Q. And in that manual, is the document referring to the use of force, correct?

A. Correct.

Q. And the first thing 5-303.01, duty to intervene -- you see that?

A. Yes.

Q. And that says that it shall be the duty of every sworn employee present at any scene where physical force is being

applied to either stop or attempt to stop another sworn employee when force is being inappropriately applied or is no longer required. Is that what it says?

A. Correct.

Q. And it doesn't say to stop and go on, it says to stop or attempt to stop another sworn employee, correct?

A. Correct.

Q. So it's either/or, correct?

A. Correct.

Q. So then we go to my client's -- on May 25th he goes to Cup Foods. You saw that video part, right?

A. Correct.

Q. And he got the information from the person that did the 911 call, correct?

A. Correct.

Q. And then he went over across the street to George Floyd's Mercedes, correct?

A. Correct.

Q. And do you remember on the way over there him saying that they're moving around a lot in the car?

A. Yes.

Q. And once he got there, do you remember him knocking on the window with his flashlight?

A. Yes.

Q. And that was because he couldn't see in the car; is that

a fair statement?

A. Yes.

Q. Did he say that?

And once he -- the window was rolled down, he told George Floyd who he was and George Floyd would not show his hands, correct?

A. Correct.

Q. And Officer Lane, after he was moving around, wouldn't show his hands, and had his right hand down below the seat, he pulled his gun out, correct?

A. Yes, Officer --

MS. BELL: Objection. Mischaracterizes the video, Your Honor.

MR. GRAY: Well, we can play the video or I can do it this way. I don't think I have inaccurately --

THE COURT: I'm going to overrule this objection. I think there is a snippet in there with respect to a weapon being exposed.

BY MR. GRAY:

Q. So he said, "Show me your hands," correct?

A. Yes.

Q. And he swore a couple times and he pulled his gun out, correct?

A. Yes.

Q. And finally George Floyd put his hands on the steering

wheel, correct?
A. Yes.
Q. And once he put his hands on the steering wheel, Thomas Lane put his gun back in his holster, correct?
A. Correct.
Q. And I'm going to direct your attention to threatening the use of force, 5-304, in Exhibit 130. And that -- and what it says is, A, threatening the use of force, correct?
A. Yes.
Q. And as an alternative or the precursor to the actual force of -- use of force, MPD officers shall consider verbally announcing their intent to use force. Is that what Thomas Lane did?
A. Yes.
Q. Including displaying an authorized weapon as threat of force. Is that what he did?
A. Yes.
Q. And when reasonable under the circumstances. Was it reasonable for him under those circumstances to do that?
A. Yes.
Q. And he did use some harsh language, but that's authorized too, correct, to get the attention of the arrestee; fair statement?
A. Well, we have a policy against it, but it seemed to be reasonable in this situation.

Q. Okay. You have heard, in your experience as a law enforcement officer, officers swearing when they're in these kinds of situations?
A. I have.
Q. So after George Floyd put his hands on the steering wheel, Thomas Lane put his gun in his holster, correct?
A. Correct.
Q. And that's, B, use of force -- B is called deescalation; is that correct?
A. Correct.
Q. And by -- it says, Whenever reasonable, according to MPD policies and training, officers shall use deescalation tactics to gain voluntary compliance and seek to avoid or minimize use of physical force. Is that what it says?
A. Yes.
Q. And by Thomas Lane putting his gun back in his holster, he was deescalating this incident, correct?
A. Correct.
Q. And when he tried to get him out of the car and had to pull him out, he was deescalating the situation, was he not?
A. When he's pulling him out?
Q. Yes, when he's trying to get him out without --
A. Yes.
Q. -- using his gun, without beating him, without using a billy club --

A. Correct.
Q. -- correct?
Okay. And once the officers got George Floyd out of the vehicle, they handcuffed him, correct?
A. Yes.
Q. And you remember that was a struggle, but they got it done?
A. Yes.
Q. And then, at that point in time, Officer Lane left George Floyd and went and talked to the other two individuals in the vehicle. Do you remember that?
A. I do.
Q. And do you remember him asking the female what's Mr. Floyd's deal, what's he on, a situation like that?
A. Yes.
Q. And do you remember the female saying that he just doesn't like cops, something to that effect?
A. Something to that effect, yes.
Q. Okay. And then Thomas Lane went back to transport George Floyd, who would be the arrestee; fair statement?
A. Yes.
Q. Transport him to the vehicle that Thomas Lane and his partner were in, correct?
A. Correct.
Q. And during that walking over there, Thomas Lane asked

George Floyd if he was on something, correct?
A. Yes.
Q. And George Floyd denied being on drugs, correct?
A. Correct.
Q. Now, going to the deescalation, B -- 1B, look at 1B. Consider -- first of all, this is the directions when you are deescalating, correct?
A. Correct.
Q. And B says, Consider whether a subject's lack of compliance is a deliberate attempt to resist or an inability to comply based on factors including, but not limited to. And then we have a list of eight, I think -- seven factors that the officer might look into to see what's the deal with George Floyd, correct?
A. Correct.
Q. And down there at the bottom, one up, it says, Influence of drug or alcohol use. Do you see that?
A. I do.
Q. And what Thomas Lane did that day, when he asked him are you on something, was an attempt to determine this; is that right?
A. Correct.
Q. And that would be part of your deescalation of the program or the policy of the police department, correct?
A. Yes.

Q. So up until now he was pretty much following what you trained him to do, correct?
A. Correct.
Q. And then after that on number 2 on deescalation, it says, Deescalation tactics include, but are not limited to. And the first one -- and I think there's about ten of those. But the first one says, Placing barriers between an uncooperative subject and an officer. Do you see that?
A. I do.
Q. And when Thomas Lane and his partner took George Floyd -- you saw the video where he wasn't going -- he was going to the squad car, but he fell down a couple times. Do you remember that?
A. Yes, I do.
Q. And you could tell that the plan of Thomas Lane was to put a barrier up to put him in the squad car so that they could conduct their investigation, correct?
MS. BELL: Objection. Calls for speculation as what was in Tom Lane's mind.
THE COURT: It's overruled. It's the observation. Proceed.
BY MR. GRAY:
Q. Well, is Thomas Lane attempting with his partner to put George Floyd in his vehicle?
A. Yes.

Q. And that would be a barrier, because he couldn't get out of it, correct?
A. Technically, yes.
Q. Okay. And so when they were doing that, they were following the protocol of the police department, correct?
A. Correct.
Q. And then you go down to the second one up, where it says, Deescalation tactics include, not limited to, using verbal techniques to calm an agitated subject or promote rational decision-making. Do you see that?
A. I do.
Q. While they were wrestling Mr. Lane and his partner, while they were wrestling with him to get into the squad car, do you remember hearing Thomas Lane at least five times that he would roll the window down? Do you remember that?
A. I do.
Q. And do you remember him telling George Floyd, "I'll sit in here with you. I'll be with you"? Do you remember that?
A. Correct.
Q. And were these -- would you consider those verbal techniques to try and get George Floyd in the squad without further physical confrontation?
A. I would.
Q. And then when -- do you remember also in the video that George Floyd was the one that said he wanted to go down on

the ground? Do you remember that?
A. Yes, when -- yes.
Q. And do you remember Thomas Lane saying, "Let's put him on the ground"?
A. Yes.
Q. And that would be further deescalation of the situation up until that point, correct?
A. Yes.
Q. So then once he was on the ground, do you remember that Thomas Lane was down by his feet, correct?
A. Correct.
Q. He was holding his feet, basically, his legs, correct?
A. Correct.
Q. And up in the front was Derek Chauvin, correct?
A. Correct.
Q. And now we go to 5-311, go to that. And 5-311 -- did you get there?
A. I did.
Q. Okay. 5-311 is use of neck restraints and chokeholds, correct?
A. Yes.
Q. And at this time, when Thomas Lane was going through the academy, chokeholds were allowed, correct?
A. Correct.
Q. And a neck restraint was also allowed, correct?

A. Yes.
Q. And could you explain to me the conscious -- I'm going to get you down to A, procedural regulations. The conscious neck restraint may be used against a subject who is actively resisting. Do you see that?
A. Correct.
Q. And that's what Thomas Lane was taught at this academy, right?
A. Yes.
Q. And when George Floyd was on the ground and he could see that Derek Chauvin was up there by his head and neck and shoulders and he was restraining him perhaps by the neck, was there anything that Thomas Lane would have objected to in that situation?
A. He still had a duty to intervene.
Q. Well, I'm talking about in the beginning when he was resisting, when --
A. Okay.
Q. -- when George Floyd was resisting. And it says here the conscious neck restraint may be used against a subject who is actively resisting. Is that what it says?
A. It says that, yes.
Q. Okay. So when Thomas Lane is down at the bottom, down by the feet, and he sees Derek Chauvin up front, and it looks to him like he's restraining him by the neck, maybe,

or by the shoulders, there was a person in between those two, and that was the other officer, Thomas Lane's partner.

But at that point in time, while he was resisting, while Derek Chauvin was holding onto his head or his neck or his shoulders and Thomas Lane was down by his feet, there was no need at that time to interfere at all, is there, because that's when he was actively resisting, correct?

A. Not at that moment, correct.

Q. Okay. That's what I -- now I got to get my --

MR. GRAY: Excuse me a minute, Your Honor.

BY MR. GRAY:

Q. Now, after George Floyd was on the ground and -- and I'd say approximately around 3 minutes, Thomas Lane said, "Should we roll him on his side?" Do you remember that?

A. I do remember that.

Q. And what did Chauvin say? "No, staying put where we got him." Lane, "Okay. I just worry about excited delirium or whatever." Do you remember him saying that?

A. I remember him saying that, yes.

Q. And you agree, do you not, that Thomas Lane saw all of those videos that Mr. Paule played because he was in that 2019 class, correct?

A. Correct.

Q. And after Lane said, "I just worry about the excited delirium or whatever," Chauvin said, "Well, that's why we

got the ambulance coming." Correct?

A. Yes.

Q. And, by the way, one of the rules in this volume, this Government Exhibit 130, is to get medical attention as quick as possible, right? It's B(1)(b), little (b), medical conditions on deescalation. Do you see that?

A. Under deescalation, you said?

Q. Well, in that manual -- and I'm not quite sure where, but it says that if somebody -- once you get somebody under control who has an injury, you call an ambulance, EMS, correct?

A. Correct.

Q. And as you saw from the video, Thomas Lane was the one that called the ambulance for Code 2 because he had a cut lip. Do you remember that?

A. Correct.

Q. And two minutes after that, approximately, Thomas Lane asked or told Tou Thao to up it to a 3. Do you remember that in the video?

A. Yes.

Q. And that was proper police procedure, was it not?

A. Yes.

Q. And then you also -- excuse me. And did you also notice that after George Floyd was not actively resisting anymore, that Thomas Lane was not restraining him, he was just there

with his hand on his leg? Do you remember that?
A. Yes.
Q. And do you remember Thomas Lane saying about George Floyd, "I think he's passing out"? Do you remember that?
A. Yes.
Q. And do you remember him answering his own question, seconds after that, by saying, "He's breathing"? Do you remember that?
A. Yes.
Q. And then again after a couple minutes, Thomas Lane again said to Derek Chauvin, "Shall we roll him on his side?" Do you remember that?
A. I do.
Q. And, by the way, let's back up. There was a hobble mentioned in the beginning. And do you remember who mentioned that? It was Thomas Lane, right?
A. Yes.
Q. And when Thomas Lane mentioned that hobble, the experienced officers went looking for it, correct?
A. Correct.
Q. And basically what was said to Thomas Lane was, "Well, if we used the hobble, we'd have to call the sergeant." And so Thomas Lane backed off, correct?
A. Correct.
Q. And then after the "Should we roll him on his side" for

the second time, Thomas Lane asked Kueng, who was checking to see if there was a pulse on his wrist -- and you will see that, that he's checking it, correct, on the video?

A. Yes.

Q. And Lane asked, "Do you got one?" And Kueng said he can't find the Floyd pulse and we -- right?

A. Correct.

Q. And we learned through this case so far that finding a pulse on the wrist is not anything like finding a pulse on a carotid artery; fair statement?

A. Correct.

Q. And actually finding a pulse on the ankle would be even less of a chance, correct?

A. Yes.

Q. And you know right after Kueng checked the pulse, Lane checked the pulse on the ankle, correct?

A. Yes.

Q. And within nine seconds, approximately, after he checked the pulse there was, by Lane, "There we go." And the ambulance is arriving, correct?

A. Yes.

Q. And after the ambulance --

MS. BELL: Objection Your Honor. Misstates the video.

MR. GRAY: Excuse me?

MS. BELL: Misstates the evidence.

MR. GRAY: I will rephrase the question, judge.

THE COURT: Okay.

BY MR. GRAY:

Q. Within seconds after Lane checked the ankle, the ambulance -- you can hear the sirens and the lights and the ambulance was arriving, right?

A. Yes.

Q. Okay. And after the ambulance arrived, Derek Smith got out of the ambulance and told the guys to move away, correct?

A. Is that the paramedic?

Q. Yes.

A. I don't know the names.

Q. Okay. I'm sorry.

A. So paramedic, yes, got out of the ambulance.

Q. Because he was taking over.

A. Yes.

Q. And what the paramedic did first off is check his carotid artery, correct?

A. Yes.

Q. Now, when he did this -- first of all, when you back up, he walked over to George Floyd to do that, correct?

A. Yes.

Q. And then after doing that -- he said nothing to anybody,

nothing to the police officers at that time, correct?
A. Correct.
Q. And then he went back into his ambulance and brought out the stretcher, whatever it is called, the gurney, a stretcher, correct?
A. Yes.
Q. Now, did you notice on the video what Thomas Lane did while he went in there? Did you notice that he grabbed George Floyd's leg and tried to flip him over? Did you notice that?
A. I don't remember that part.
Q. In any event, the paramedic, Derek Smith, came out with the stretcher, correct?
A. Yes.
Q. He walked out, right?
A. Yes.
Q. Didn't look like he was in a hurry, correct?
A. No.
Q. And he -- he put the stretcher down, and the officers helped him put Mr. Floyd on the stretcher, correct?
A. Yes.
Q. And that was the first time that George Floyd was put on his back where you can see his face, correct?
A. Yes.
Q. And once he was on the stretcher, the officers -- or the

officers helped to put him in the ambulance, correct?
A. Correct.
Q. But before Derek Smith went in the ambulance, Thomas Lane asked, "Should I go along, should I roll with you," correct?
A. Yes.
Q. And that would have been important, right, because there were only two paramedics, correct?
A. Yes.
Q. And one of the paramedics has to drive the ambulance; fair statement?
A. Yes.
Q. And the reason the paramedic had to drive the ambulance was because the paramedics had made a decision to load and go, correct?
A. Yes.
Q. And that was because of the disturbance around that area with the people watching?
MS. BELL: Objection. Lack of foundation as to what's in the mind of the paramedics.
THE COURT: Overruled. It's cross-examination of a subject previously covered. Proceed.
BY MR. GRAY:
Q. Is that right?
A. I'm not sure why the paramedics pulled out so quickly.

I thought it was because he didn't have a pulse.
Q. All right. So what was that? Because he didn't have a pulse?
A. At some point in the back of the ambulance, George Floyd did not have a pulse when he asked him to do CPR.
Q. Okay. And did you watch the Thomas Lane video when he went into the ambulance himself?
A. Yes.
Q. And did you see the first thing Thomas Lane did was check the carotid artery, correct?
A. Yes, yes.
Q. And then he talked with Derek Smith, the paramedic, and he started doing chest compressions, correct?
A. Yes.
Q. Thomas Lane did --
A. Yes.
Q. -- is that right?
A. Correct.
Q. And he stayed in that ambulance and helped out and did the chest compressions and after this assisted Derek Smith, the paramedic, with putting on a LUCAS. You remember that, don't you?
A. Yes.
Q. And then after the fire people came and they were parked and there were two paramedics, he asked if he could stay and

go down to the hospital with them; isn't that right?
A. Yes.
Q. And they said, no, we don't need you anymore. So he got out of the ambulance and got a ride back to where his partner was, correct?
A. Correct.
Q. By him going in that ambulance, that was -- that George Floyd -- after the paramedic took over, George Floyd was no longer in the custody and care of Thomas Lane or any other officer, correct?
A. Correct.
Q. And he, Thomas Lane, went above that and decided to help the paramedics out by trying to revive George Floyd, correct?
A. Correct.
Q. Let's go back to one other subject. With respect to Derek Chauvin, you testified -- if I can find my -- you testified that you were involved in selecting the field training officers, correct?
A. Yes.
Q. And you testified also that you checked the internal affairs complaints against these officers, correct?
A. I send the names off to internal affairs.
Q. Excuse me?
A. I send the names of the FTO applicants to internal

affairs, and then a brief synopsis generally comes back to me, the training division commander. At the time I was a lieutenant.

Q. Okay.

A. And then to the deputy chief of professional standards.

Q. But you did testify you checked with internal affairs about these field training officers, correct?

A. Correct.

Q. And did you check Derek Chauvin's internal affairs record?

A. I submitted the names and then the --

Q. Well, what happened? Did it come back? Did it show all of his complaints?

MS. BELL: Objection, Your Honor.

MR. GRAY: You don't disagree with me, do you, that he had numerous complaints?

MS. BELL: Objection, Your Honor.

THE COURT: Now we're arguing, counsel.

MR. GRAY: All right. I'll withdraw it.

THE COURT: The first question I'll overrule. I sustain the objection on the second part.

MR. GRAY: Okay.

THE COURT: Because I believe the testimony is that, yes, she did get some kind of a report back.

MR. GRAY: Yes. Okay. I'll do that.

BY MR. GRAY:

Q. Did you get a report back from -- about Derek Chauvin?

A. At the time it would have went to the -- I was a lieutenant when those -- so the commander of the training division at that time got those back.

Q. You testified under oath that you reviewed the internal affairs files of the field training officers when you took over, correct?

A. We get a brief synopsis of what -- I don't get the whole internal affairs file, but, yes, I think I answered the question.

Q. I assume you checked the brief synopsis. What did that tell you? Do you remember?

A. I don't remember specifically, but it didn't -- I didn't see any red flags.

Q. You didn't?

A. No.

Q. Was he the -- was he in your -- after reviewing this, was he one of the highest caliber to serve as a field training officer?

A. I wouldn't know.

Q. Well, we have the Minneapolis Police field training officer handbook, right?

A. Yes.

Q. And you're involved in that, correct?

A. Yes.
Q. Yeah. And it says here -- and, of course, this is for the officers in training to read, correct?
A. Correct.
Q. About this. And it says here the FTO program is to select and retain experienced officers of the highest caliber to serve as field training officers and field training sergeants. That's what it says, right?
A. Yes.
Q. And so that would tell the officers in training, like Mr. Lane, that these guys are gold, correct? These are the guys we follow. They're role models, correct?
A. They should be.
Q. In fact, it says it in here that the field training officers are role models, does it not?
A. Yes.
Q. And back at this time when -- when the training was going on in 2019, when Thomas Lane received this training, they were told pretty much that the commanders, the sergeants, to lieutenants, field training officers, you don't question them. They tell you to do something, you do it, within reason, of course. Is that right?
A. Generally.
Q. Generally?
A. Yes.

Q. It's "Yes, sir; no, sir," right?
A. Not to everything.
Q. Or "Yes, ma'am." Excuse me.
A. Thank you.
Q. All right. And that's what they're taught, right? They have to stand at attention. When a couple of officers walk down the academy, they stand back and at attention, correct?
A. At that time we had changed it, but it clearly -- it was happening at some point.
Q. Well, I'm talking about 2019. If they changed it now, great. But back then --
A. No. I changed it back then. It just clearly -- it took a little bit to get changed to stop.
Q. It took a little while to adjust?
A. Yes.
Q. You also, in the field training book, describe field training officers as professionals with communication skills, establish them as role models. That says that in there too, doesn't it?
A. It does.
Q. And we've learned since then that Derek Chauvin was not really a role model?
MS. BELL: Objection. Objection.
MR. GRAY: I'll withdraw it, Your Honor. I'm done.

THE COURT: Okay.

MS. BELL: Your Honor, can we have a sidebar, please?

THE COURT: Sure.

MS. BELL: Thank you.

**(At sidebar)**

MS. BELL: Your Honor, I would request that counsel be advised they have actually on multiple occasions now implied that there was something in Derek Chauvin's file that made him inappropriate to be a field training officer. There is no such evidence in this case and implying that is not appropriate. And then withdrawing the question when I make the objection after they've already asked the question, I would ask the court to remind them not to do that.

MR. GRAY: Well, may I respond, Your Honor?

THE COURT: Sure.

MR. GRAY: We learned after this incident that Derek Chauvin did the same thing back in 2017. In fact, that was a 15-minute knee on the neck.

MS. BELL: However, that was not in his file and that is not information that this person would have. And you cannot ask this person a question for which she has no foundation.

MR. GRAY: How do we know it wasn't in his file? We can't see his file. That's I --

MS. BELL: Because there was no internal affairs, and you've been provided the final --

THE COURT: Okay. Counsel, let's stop the argument. We're at the point that we are, and I will advise counsel that you need to be able to support the questions that are presented, but aside from that, it also is cross-examination and they have the right to do that.

MS. BELL: Correct, Your Honor. My concern is they just implied something that is not accurate.

THE COURT: With that, counsel, do you have redirect?

MS. BELL: I do, Your Honor. And I think maybe it might make sense to take lunch versus me start for five minutes.

MR. PLUNKETT: Your Honor, Tom Plunkett speaking just to fill out the record. In his file there is a psychological evaluation that says, "His ability to work closely with team members should be monitored during training and that others may not see him as particularly friendly or warm. His ability to be supportive to citizens in times of stress should be monitored." She's already testified that this wasn't considered.

I want to be clear when I asked about it, that is a good-faith basis. And I feel like the implication was that both -- or all three of us have done that. So I just

want to make sure the record is clear.

MS. BELL: My concern is that we don't -- haven't laid foundation that she would have ever seen that before the question was asked.

THE COURT: Counsel. Counsel. Counsel. Arguments going back and forth aren't doing any of us any good. Let's take our noon break at this time.

**(In open court)**

THE COURT: Members of the jury, we're going to take a noon recess at this time. We will stand in recess until 2:00 this afternoon. Again, please don't discuss the case among yourselves and others. And we are in recess for the noon break.

(Lunch recess taken at 12:25 p.m.)

* * * * *

(2:00 p.m.)

**IN OPEN COURT**

**(JURY PRESENT)**

THE COURT: You may be seated.

Ms. Bell.

MS. BELL: Thank you, Your Honor.

REDIRECT EXAMINATION

BY MS. BELL:

Q. Good afternoon.

A. Good afternoon.

Q. All right. I want to start out by talking to you about Defense Exhibit T-14, which was the -- here, I'll just put it up on the screen so we're all on the same page.

Do you see that there, the 2019 Phase III Defensive Tactics - Instructor Development; do you see that?

A. I do.

Q. And this is for 2019 Phase III class; is that right?

A. Correct.

Q. And Mr. Paule pointed to you -- pointed to some drills that start on page 5. Let me get there for you. Do you see that?

A. I do.

Q. And specifically I wanted to ask you what these are. Are these Taser 7 firing drills?

A. Taser 7 is just the name of the Taser that was used at the time.

Q. And are these drills drilling when to use a Taser, I guess is my question?

A. Correct.

Q. Okay. And so these -- I think we saw two -- maybe four scenarios. Does that sound right?

A. Sounds right.

Q. Okay. Now, when officers -- let me ask you this. Are they required to practice their Taser firing in order to be qualified to use a Taser?

A. Yes.
Q. And so that was part of the 2019 Phase III defensive tactics; is that right?
A. Yes.
Q. Now, do you recall Mr. Paule, if we turn -- looking at the bottom of page 5, asking you some questions about Scenario number 2, which involved a person on the 10th floor in a small room, sweating profusely, removing clothing, and breaking out windows; do you remember that?
A. I do.
Q. And do you remember that Mr. Paule turned it, then, to page 6 and looked at the top of page 6 and asked you questions about the fact that there was no medical training included in this train the trainer document; is that right?
A. Yes.
Q. Are the people attending the 2019 Phase III in-service, like Officer Thao, are they actually working off this train the trainer document?
A. No.
Q. And so if we actually look at the training from the 2019 Phase III defensive tactics that Mr. Thao attended, and that would be Government's Exhibit 63 -- excuse me. I'm going to pull up starting at page 35. And do you see where it says at the top of page 35, Use of conducted energy weapons?
A. Yes.

Q. What is a conducted energy weapon?
A. It's a Taser.
Q. So this is the PowerPoint about Tasers; is that right?
A. Yes.
Q. And so is this the training that Officer Thao actually would have seen about Tasers?
A. Yes.
Q. In the classroom, that is.
A. Yes.
Q. Okay. And then he would have done those scenarios on the mat or for practice; is that right?
A. Yes.
Q. Okay. And you were asked about if there was medical on the trainer -- train the trainer document, Defense Exhibit T-14, and you said there wasn't, right?
A. Not that I'm aware of.
Q. But let's take a look at this use of conducted energy devices, and I'm just going to scroll through. There are several pages in here. In fact, on page 46 was there training provided to Officer Thao with respect to medical aid related to the deployment of a Taser?
A. Yes.
Q. And what was taught to Officer Thao?
A. It's post-exposure treatment. This is a list of things that you must do when you are doing -- after you use your

Taser, you deploy it on someone, you have to determine if the subject is injured, requires paramedics, render medical aid consistent with training, request an EMS response or paramedic response for evaluation, request EMS response for probe removal. When you shoot a Taser, there's two darts. So problem removal, especially if they are in sensitive areas: face, groin, neck, breast areas. And then wear protective gloves and remove probes from the person's nonsensitive body parts.

Q. And going down to page 47, you don't have to read all these, but is this further information on post-exposure treatment and medical aid after Taser use?

A. Correct.

Q. Now, I wanted to go back up to page 45 and ask you specifically about the training with respect to whether or not you can use a Taser on someone who is already handcuffed.

A. So in the following situations, a Taser should not be used unless the use of deadly force would otherwise be permitted.

Q. So unless it's a deadly force situation?

A. Yes. And then there's some other requirements. If they're in an elevated position, you wouldn't want them to fall on some other operating vehicles, things like that.

Q. But generally what is the training, assuming we're not

in a deadly force position, about whether or not an officer can use a Taser on a handcuffed person?

A. You should not.

Q. So the remainder of the training, the medical, assumed you used a Taser on a non-handcuffed person; is that right?

A. Correct.

Q. All right. Now, what does it mean to render medical aid consistent with training?

A. It means looking at someone's airway, breathing, circulatory, meaning pulse. Just evaluating them, their medical condition at the time, if they're conscious or not.

Q. And what is the training on what officers should do if they Tase someone and then get them handcuffed while they are in the prone position?

THE COURT: Counsel, what are we doing spending all this time on a Taser?

MS. BELL: Well, Your Honor, defense counsel raised the Taser training.

THE COURT: Okay. They had cross-examination. That's one thing. We're on redirect.

MS. BELL: Correct, Your Honor, and I'm clearing up whether there was medical training associated with the Phase III defensive tactics.

THE COURT: Okay. Then why aren't we doing that?

MS. BELL: That's what I am doing --

THE COURT: Okay. Then let's do that now.

MS. BELL: -- I think. I hope.

BY MS. BELL:

Q. All right. And so what is the medical training with respect to what you do with someone who has been Tased and then now they're handcuffed if they are in the prone position?

A. Roll them on their side, assess them, make sure that -- if they're injured or not.

Q. Why do you have to roll them on their side after they've been Tased and handcuffed?

A. If they're in the prone position, you need to be rolled onto your side.

Q. Why is that?

A. Because of the dangers of positional asphyxia.

Q. And what is the training on what officers should do if they Tase someone who they suspect as excited delirium, as in the scenario that Mr. Paule talked to you about, after they get them handcuffed? What's the training?

A. Roll them on their side in the side recovery position, get them off their chest because of the dangers of positional asphyxia, sit them upright when necessary, and call EMS if needed.

Q. All right. Now, we spent a bunch of time looking at an excited delirium PowerPoint. Do you remember all that?

A. I do.
Q. Okay. Who in your division teaches that PowerPoint about excited delirium?
A. Nicole Mackenzie.
Q. And what's the purpose of that PowerPoint?
A. The purpose of the PowerPoint on excited delirium is to show the dangers of and the behaviors of a person that is going -- if they have excited delirium, so it's all the symptoms they might display and then what we should be doing, watching out for, observing, and then follow-up care where needed.
Q. Okay. And I think you mentioned this, but was that PowerPoint -- was any purpose of that PowerPoint to teach defensive tactics?
A. No.
Q. Now, as I understood your testimony about the PowerPoint, there seems to be some, I guess, disagreement about excited delirium and its applicability?
A. Yes.
Q. But even despite that disagreement, does MPD, in fact, train officers on the signs?
A. Yes.
Q. Why do you want officers to know the signs?
A. Because if you're dealing with somebody that is displaying signs of excited delirium, it can be very

dangerous. There's been in-custody deaths noted from overheating. So just identifying those signs and how you respond and how quick you should get medical, EMS, afterwards.

Q. Okay. And so we saw several videos as part of that PowerPoint. Do you recall those?

A. Yes.

Q. About how many videos do you think we saw?

A. Probably five or six.

Q. In any of the videos that we watched, what, if anything, did the videos show about what happened after the officers were able to get the person handcuffed and under control?

A. Some videos showed that the officers put them on their side and got them upright or they stopped the force.

Q. And would that be consistent or inconsistent with MPD policy and training?

A. That would be consistent.

Q. What was the purpose of the videos being played in the first place? What was it to show?

A. The behaviors that somebody exhibits when they are in an agitated state as excited delirium.

Q. And were those videos from things that happened at Minneapolis Police Department?

A. No.

Q. Was it one of the purposes of the videos -- well, so

there were a number of videos showed during that NOTACRIME acronym. Do you remember that?

A. Yes.

Q. Okay. And so was it one of the purposes of the videos shown during that NOTACRIME acronym to actually show what to do after the person is handcuffed and under control?

A. Yes.

Q. And what was shown -- oh, I think you said on some of those videos they showed them stopping?

A. Correct.

Q. Now, can you explain the difference between tactics that can be used when someone is engaged in an active struggle with a suspect versus after that suspect is controlled and the struggle is over?

A. They have to use the appropriate level of force necessary to effectively put somebody in handcuffs and then stop that force when the person is not resisting.

Q. And so might it be a circumstance where you, under MPD policy and training, you might use your knees to gain control of a suspect to handcuff them?

A. Yes.

Q. What kind of circumstances would that be?

A. If you're -- if the person is still showing active resistance, even parts of active aggression where they're combative or they're not complying with the officer -- the

officer's commands to effectively get them into custody.
Q. And what do you mean by "get them into custody"?
A. Handcuffing them.
Q. Okay. So this training about using the knees to gain control is to gain control to handcuff?
A. Correct.
Q. I see. And then what are officers trained to do if they had to use a knee to control someone to get them handcuffed once things have settled down?
A. Well, once they have handcuffs on and things settle down, then it's the side recovery position, and then generally followed by upright, EMS if required.
Q. And the training, I know the excited delirium training -- like the first large number of slides were about that acronym; is that right?
A. Yes.
Q. Okay. And so that was to show the behaviors that you might see?
A. Yes.
Q. And then we got to slide number 31. And what was the purpose -- I put it up on the screen -- of slide number 31?
A. So the purpose of this slide was to show the medical component to it. So once they're in handcuffs, it's to put them in the side recovery position because of the dangers of positional asphyxia, get, you know, paramedics on scene

quickly, monitor, and sign a transport hold if need be.
Q. Is this slide actually entitled, Okay. They Are in Handcuffs. Now What?
A. Yes.
Q. Is the "Now what?" ever to leave them handcuffed facedown on the ground?
A. No.
Q. Why not?
A. Because then the dangers of them not -- or going unconscious or not breathing would be higher.
Q. You were asked some questions about the need to continue to restrain someone if you expected excited delirium. Do you remember those questions?
A. Yes.
Q. And what are officers trained to do if they suspect someone has excited delirium and that person continues to either hurt themselves or others?
A. It is to get them in handcuffs. If you have to, go through other resources that you have, to include using the MRT, the maximal restraint technique, which is the hobble.
Q. What are officers trained to do with someone who they suspect might have excited delirium if that person becomes compliant?
A. To stop using any type of force.
Q. Why?

A. There's no need to at that point. It would be an inappropriate use of force to continue to do so.

Q. So even if you suspect that somebody has excited delirium, if that person becomes compliant, you should stop using force?

A. Correct.

Q. What if you're thinking, well, maybe they'll at some point get combative again?

A. Well, then that would -- they would start -- that would be another force that they're displaying and then we would use our use of force continuum as well. So then you could use force.

Q. So am I understanding that you have to stop the force until they display something again that triggers it?

A. Correct.

Q. Okay. You were also asked about EMS sometimes having to stage elsewhere if there's certain circumstances; is that right?

A. Yes.

Q. And what would the circumstances be where EMS would need to stage somewhere else?

A. So sometimes if the scene is not safe yet, we will have an ambulance staged nearby until we render that scene safe.

Sometimes we are proactive about calling EMS to stage nearby because we don't know what the situation is

going to -- if we're going to need medical or not, so we proactively call them and stage nearby.

Q. And if someone is not -- well, let me ask you this. I think we've heard that you render a scene safe -- or when a scene is safe, you call out Code 4?

A. Correct.

Q. And so if a scene is Code 4, then is the ambulance able to come right to the scene?

A. Yes.

Q. You were also asked some questions specifically about restraining someone while waiting for EMS. What is the MPD policy and training on restraining someone while waiting for EMS?

A. Just restrain them. You know, if they're in handcuffs, it's still our policy that you have to put them in the side recovery and just monitor them until the ambulance gets there.

Q. Because handcuffs themselves are a form of restraint already; is that right?

A. Correct.

Q. And so you said that you need to put them in side recovery and monitor them. Does that apply even if you are waiting for EMS?

A. Yes.

Q. Even if they are on the way?

A. Yes.
Q. Now, in this -- you were asked some questions about the video of this particular incident on May 25th, 2020. In reviewing that video, did you observe whether Mr. Floyd was wearing clothes?
A. I did.
THE COURT: Counsel, would you repeat? Your voice dropped off and I didn't get the last word.
MS. BELL: I'm sorry.
MS. BELL: Did you observe whether Mr. Floyd was wearing clothes?
THE COURT: Okay.
THE WITNESS: Yes.
BY MS. BELL:
Q. And was he wearing clothes?
A. He was.
Q. And in your review of the video, did you observe Mr. Floyd breaking any objects?
A. No.
Q. Did you observe -- I know we saw in the videos on excited delirium somebody like punching through a fence. Did you see Mr. Floyd do anything like punching through a fence?
A. No.
Q. Did you see him hit anyone?

A. No.
Q. During your review of the video, did you observe Mr. Floyd target any glass?
A. No.
Q. On your review of the video, was Mr. Floyd covered in blood, like we saw in the videos, from any sort of injuries that happened before the officers arrived?
A. No.
Q. Did you observe officers in the video needing to use Mace or a baton with Mr. Floyd?
A. No.
Q. And I want to talk to you about one of the videos that we saw. I don't know if you remember this one, but there was -- and I don't want to replay it -- there was a guy who would end up on the ground and then he was able to get his hands underneath him and his knees and push up, and there were a couple of officers that he kind of pushed off himself. Do you remember that video?
A. I do.
Q. Okay. Was that person handcuffed when he was able to do that?
A. No.
Q. And did you observe whether or not Mr. Floyd was able to push the officers off of himself, like the man in that video?

A. It appeared he could not.
Q. During your review of the video, did you observe Mr. Floyd make any expressions of pain?
A. Yes.
Q. What kinds of expressions?
A. His facial expressions, wincing, kind of fidgeting around.
Q. What about verbal expressions of pain?
A. Grunting.
Q. During your review of the video, did you observe whether or not Mr. Floyd was able to provide his name and date of birth to the officers when asked?
A. Yes.
Q. And was he able to do so?
A. Yes.
Q. Now, Mr. Gray asked you a number of questions about what you observed on the video up to the point that Mr. Floyd was on the ground and no longer resisting, and then he also asked you some questions about what happened after the ambulance arrived. Do you remember that?
A. Yes.
Q. I'm going to ask you some questions about what happened after Mr. Floyd was on the ground and handcuffed and not resisting but before the ambulance arrived. Okay?
A. Okay.

Q. Did there come a time in your review of the video that you observed that Mr. Floyd was on the ground and handcuffed and not resisting?
A. Yes.
Q. And what would be the training requirements of the officers on scene if Mr. Floyd is handcuffed and no longer resisting?
A. To stop using any force, roll him on his side for side recovery, and sit him upright if you can.
Q. And what did you observe on the video during those minutes after Mr. Floyd had stopped -- was handcuffed and not resisting but before the ambulance arrived?
A. He was unconscious.
Q. During that time period was there a period of time when Mr. Floyd was still talking, that you observed?
A. Yes.
Q. And so while he was still talking and had stopped resisting, what did you see Mr. Chauvin doing?
A. He was putting his knee on his neck.
Q. And was that consistent or inconsistent with MPD training?
A. It's inconsistent.
Q. Why is that?
A. Because we don't train the knee on the neck.
Q. Separate from not training the knee on the neck, if

Mr. Floyd has stopped resisting, what is the training with respect to use of force?

A. To stop using any force.

Q. Now, you also testified, I think earlier, that Mr. Floyd at some point stopped talking; is that right?

A. Yes.

Q. When Mr. Floyd stopped talking, where was Mr. Chauvin at that point?

A. He was still on his neck.

Q. And what, if any, significance did the fact that Mr. Floyd stopped talking have to you?

A. It means that probably he was having trouble breathing.

Q. Why is that?

A. Because he was talking a lot and then he would just stop talking, so his airway appeared to be obstructed.

Q. What did you observe Mr. Lane do, if anything, when Mr. Floyd stopped talking?

A. Nothing.

Q. Now, you also mentioned that at some point Mr. Floyd went unconscious; is that right?

A. Yes.

Q. Where was Mr. Chauvin at this point?

A. Still on his neck.

Q. And what did you observe Mr. Lane do when Mr. Floyd went unconscious?

A. Nothing. I think he suggested at some point to roll him over, but he didn't do any, like, actions to do anything.
Q. Well, let me ask you about that. What was Mr. Lane trained to do if someone went unconscious in his custody?
A. To check their pulse, to medically assess them, do CPR if the person stopped breathing, roll them on their side before that, you know, medically assess them.
Q. And you said roll them on their side before they stopped breathing; is that right?
A. Correct.
MR. GRAY: Object to that as leading, Your Honor.
THE COURT: That is leading. I sustain. Strike the question.
MR. GRAY: Ask that the answer be disregarded.
THE COURT: Disregard it.
MS. BELL: Just following up.
BY MS. BELL:
Q. And so when you -- so you mentioned that Mr. Lane said something; is that right?
A. Yes.
Q. But then you said -- what did you mean when you said but he didn't do anything?
A. He didn't take any action to stop -- physically stop the inappropriate force that was being used or when no force was necessary.

Q. And so does he have an obligation to do more than just say something under the training and policy?

MR. GRAY: Object as leading, Your Honor, and --

THE COURT: That is leading.

(Simultaneous indiscernible crosstalk)

MR. GRAY: -- opinion of the witness.

THE COURT: Well, that's an opinion. I'm sorry. It's an improper opinion at this point.

BY MS. BELL:

Q. Based on training and policy, what does the duty to intervene require?

A. It requires the officer must stop or attempt to stop an inappropriate force being used or when force is no longer required.

Q. And so in what circumstances would you attempt to stop?

A. When you see the inappropriate amount of force is being applied by another officer or when there's absolutely no need to use force anymore, when the person is not resisting, they're -- they're not resisting.

Q. And so what circumstances -- or what does the policy and training teach about the attempt to stop?

A. The policy just says make an attempt to stop the other officer.

Q. And what does that mean?

A. Either that you have to do something physically or

verbally to jump in there and stop the person, whether --

MR. GRAY: Object to that, Your Honor, and move it be stricken as a conclusion of the witness.

THE COURT: I'm going to sustain. I think that's the province of the jury.

BY MS. BELL:

Q. Under MPD policy and training, what are officers trained to do or required to do if the force doesn't stop --

MR. PLUNKETT: Objection. Asked and answered.

THE COURT: I sustain. We're going over the same territory, counsel.

BY MS. BELL:

Q. In your review of the video, did you notice a time when the officers were discussing that Mr. Floyd had no pulse?

A. Yes.

Q. And where was Mr. Chauvin at that point?

A. Still on George Floyd's neck.

Q. And what did you observe Officer Lane do when Mr. Floyd had no pulse?

A. Nothing.

Q. Now, Mr. Gray asked you some questions about the time period after custody had been transferred to the paramedics and Mr. Floyd was in the ambulance. Do you remember those questions?

A. I do.

Q. At that time did you observe Mr. Lane performing CPR at the request of the paramedic?
A. I did.
Q. What, if anything, did you see Mr. Lane do to render medical aid to Mr. Floyd while he was in police custody?
A. Nothing.
Q. What, if anything, did you see Mr. Kueng do to render medical aid to Mr. Floyd while he was in police custody?
A. Nothing.
Q. And what, if anything, did you see Mr. Thao do to render medical aid to Mr. Floyd while in police custody?
A. Nothing.
Q. Now, I wanted to follow up on -- you were asked some questions about neck restraints in particular. And let me see if I can get the defense exhibit up on the screen. Okay. I've pulled up page 43 of Defense Exhibit K-A, I think is what it is. Let me double-check. K-A. Do you recall being asked some questions about neck restraints?
A. Yes.
Q. And also some questions, I guess, about chokeholds as well; is that right?
A. Yes.
Q. Okay. When can you use a chokehold?
A. During a deadly force situation.
Q. And what odes "a deadly force situation" mean?

A. Meaning when the officers faced with death or great bodily harm.

Q. Are there any limits placed on when you can use neck restraints?

A. Yes.

Q. All right. And so let's take a look at the conscious neck restraint. Do you see that part there?

A. I do.

Q. What is meant by applying light to moderate pressure?

MR. ROBERT PAULE: Your Honor, this has been asked and answered. I object.

THE COURT: It has, counsel, and I sustain.

MS. BELL: Your Honor, may we have a sidebar?

THE COURT: No.

BY MS. BELL:

Q. I'm inquiring about questions Mr. Gray asked you about conscious neck restraints.

THE COURT: Counsel?

MS. BELL: Yes.

THE COURT: We have looked at this document and looked at this document. I think it speaks for itself, and I don't know why we're going back over that same territory.

MS. BELL: All right, Your Honor. Thank you.

BY MS. BELL:

Q. During your questioning of -- or Mr. Gray's questioning,

you made a comment at one point that -- you said you still have a duty to intervene. What did you mean?

MR. GRAY: Object to that, Your Honor. It speaks for itself. She's already gone over it once.

THE COURT: I sustain, counsel.

MS. BELL: Your Honor, I'm asking --

THE COURT: Just a few minutes ago we went over this, from you.

MS. BELL: I understand, Your Honor. I was trying to clarify what she meant in response to Mr. Gray's question.

THE COURT: I think that's what was asked before. I have to admit I haven't memorized the transcript, but I think that's what was asked before.

MS. BELL: Okay.

BY MS. BELL:

Q. As a general matter, what is -- understanding you have medical trainers who have that extra training, but generally what is the training provided to officers about the speed or the timing necessities as it relates to CPR?

A. The timing would be as soon as possible if someone is not breathing, no pulse.

Q. And why is that?

A. So that they don't die.

Q. Well, what if EMS is on the way?

A. You still have an obligation to render first aid.
Q. All right. I think -- maybe I'm the only one, but there might have been a little confusion about some various positions you've held in the training department. So I want to understand: When you first came into the training division, what was your role?
A. My role was the lieutenant in charge of leadership and professional development programs. So I created leadership and professional development programs for supervisors, and then a short while later I took over the field training officer program and was basically overseeing that program.
Q. Okay. And this goes back to last Friday, so bear with me, some questions that you were asked. I think you -- I think I heard you say that the entire MPD policy manual is several hundred pages; is that right?
A. Yes.
Q. Okay. This isn't a memory test.

And I wanted to ask you about the academy manual, so Government's Exhibit 130 or Defense Exhibit K-A. Does the academy manual that was given to Mr. Kueng and Mr. Lane contain a selection of those policies?
A. Yes.
Q. It doesn't contain all hundreds of pages, right?
A. No.
Q. And what types of policies are selected to be included

in the academy manual?
A. Some of the big ones, like use of force. There's medical stuff and a few other ones that are bigger policies.
Q. And why put those in their manual?
A. Because those ones are critical for them to know the most. There's some policies that you have time to look up and then there's some policies you need to know.
Q. All right. You were asked some questions last week about the rule that recruits at the academy follow orders of the academy staff. Do you remember that?
A. Yes.
Q. Are recruits at the academy, does MPD consider them fully sworn officers?
A. No.
Q. Why is it important that they follow the orders of the academy staff while they're still in the academy?
A. Because they're in a training environment and there's rules to that academy, that they must follow the cadre's instructions so that they know where to be, when to be so maybe they don't get injured on the range or during defensive tactics or any other training component.
Q. And you also testified on cross-examination that the requirement to follow orders does not supersede policy. What did you mean by that?
A. Meaning following -- you need to follow your cadre's

orders, but it doesn't supersede the policy on our code of ethics or any violations or unlawful orders that a cadre officer might give them. So they still have to follow Minneapolis Police policy.

Q. I wanted to also follow up with you, you were asked some questions about the training in the academy and we looked -- I can pull it up just to remind us. We looked at Government's Exhibit 73, which was a PowerPoint from the academy on defensive tactics. Do you remember questions about that?

A. Yes.

Q. Can you explain the differences, if any, as to how PowerPoints are used in the academy versus how they're used at in-service refreshers.

A. Yes. So generally they're pretty similar. We cover a lot of the same content in the academy that we would all training for the department, but we want the recruits in the academy to have discussions with the trainers and so there's less words on the screen. So they might ask them questions and they're looking for answers from the recruits. Whereas, the department we cover, you know, verbatim on the PowerPoint.

Q. I see. And so what kind of discussions are you hoping to engender with these PowerPoints in the academy?

A. Generally it's just making sure that they understand the

policy, that we're not just giving them the answer right away on the screen, that they have to start articulating that use of force, different levels, with the defensive tactics instructors.

Q. Okay. And so we saw that, I think, in some of these PowerPoints slides where it will say a topic and then say, "What is this?" Do you remember those slides?

A. Yes.

Q. Is that what you are talking about?

A. Yes.

Q. And then sometimes there would be information following?

A. Correct.

Q. Okay. Now, is there more or less time spent on that in-class training at the academy as compared to in-service?

A. I'm sorry. I want to make sure I understand your question. More or less time?

Q. So where -- if there is a difference, where is there, if there is, more time spent going through the PowerPoints? Is it in in-service or in the academy?

MR. ROBERT PAULE: I object as vague.

THE COURT: No, that's overruled. It's just which one do you spend more time, on the video or whatever you call the thing.

MS. BELL: PowerPoints.

THE COURT: PowerPoint.

THE WITNESS: Generally hands-on defensive tactics.

BY MS. BELL:

Q. Okay. I'll move one. I think my question is confusing.

And, in fact, just -- you're talking about discussions. I'm pulling up the academy manual, Exhibit 130. And what does the academy manual provide about the methodology for which the academy will be run?

A. Will supply the students with any materials or information, PowerPoints, handouts, overheads or verbal that cover the information needed to successfully meet the course objectives and ensure that the students have the information needed to complete, pass the written exam. Class participation, questions, and discussion should be encouraged. Cover all safety, practice and injury rules before any physical exercises or practice.

Q. And why is class participation, discussions, and questions encouraged?

A. So that they can show their knowledge of the subject, especially use of force, to the instructors, that they have a good working knowledge of that policy.

Q. And so, for example, looking at page 73 -- excuse me page 13 of Exhibit 73, this would be the slide on duty to intervene from the academy defensive tactics training. It says, "What does this mean?" So what would happen, then, at

the academy with this slide?

MR. PLUNKETT: Objection. Calls for speculation.

THE COURT: I'm going to overrule. She can answer the question that is on the screen.

THE WITNESS: So generally, then, the instructors would ask the class what is duty to intervene and we would expect one of the recruits to start explaining what this policy is and then have any questions regarding it, if they did.

BY MS. BELL:

Q. Now, Mr. Plunkett asked you some questions that -- one of the things that was brought up when talking about the duty to intervene was an example of another officer hitting someone in handcuffs. Do you remember that question?

A. I believe -- around that question, yeah.

Q. Something like that?

A. Yeah.

Q. Okay. Sorry. It was last week.

Would that be an example, then, of an inappropriate force?

A. Yes.

Q. All right. All right. You were asked some questions about the policy on duty to intervene and the fact that that was enacted in 2016. Do you recall those questions?

A. Yes.

Q. Can you explain to the jury for how long the duty to intervene, separate from the written policy, has existed at MPD based on your training and experience.

MR. ROBERT PAULE: Objection. Speculation and foundation.

THE COURT: Yeah, I'm going to have to ask for some foundation here, counsel. I'm not sure that I understand what you are getting at.

MS. BELL: Sure.

BY MS. BELL:

Q. How long have you been a Minneapolis police officer?

A. Since 2002.

Q. And have you attended in-service training every year since 2002?

A. I have.

Q. And did you attend the Minneapolis Police Academy back in 2002?

A. I did.

Q. And are you familiar, then, with the training at MPD as provided to officers since you started there?

A. Yes.

Q. And so my question is: For how long of your tenure at the Minneapolis Police Department, based on your training and experience, has the duty to intervene been part of the training?

A. It wasn't called duty do intervene, but it was always part of that concept.
Q. Well, explain what you mean.
A. So it was always part of the concept that you communicate with one another so that we wouldn't use excessive force, and that if we saw somebody that -- sometimes your adrenaline goes up and they weren't stopping the force that was being used, that it was our responsibility to pull them off through physical means or just take charge of the scenario.
Q. And so do you have specific training about this idea that your adrenaline might get up a little bit?
MR. GRAY: Object to that, Your Honor, as leading and there was no specific training in that area.
THE COURT: I sustain on both grounds.
BY MS. BELL:
Q. All right. You had mentioned that there were tests administered at the academy; is that right?
A. Yes.
Q. Those are written tests; is that right?
A. Yes.
MS. BELL: Your Honor, may I approach?
THE COURT: You may.
MR. PLUNKETT: Your Honor, I'd like to request a sidebar

**(At sidebar)**

THE COURT: Proceed, counsel.

MR. PLUNKETT: Thank you, Your Honor. Tom Plunkett speaking.

If I'm not mistaken, Ms. Bell right now is approaching this witness with Exhibits 131 and 132. Those exhibits were just handed to all of us this morning when we got to court. I don't believe that they've previously appeared on the exhibit list. What these two exhibits are is a complete copy of Mr. Kueng and Mr. Lane's quiz or tests while at the academy. It must be a final exam, I guess.

I wasn't provided this until after my cross-examination was completed. It wasn't included in my trial preparation. And, frankly, with everything I've got going on right now, I have not properly reviewed this document. If I would have had this at the time of my cross-examination and when I was preparing for this trial, I would have incorporated it into my examination.

So I'm objecting to -- well, I'm going to object to Mr. Kueng's exhibit, Exhibit 131, and I don't know what Mr. Gray is going to do about Exhibit 132. That's his business.

MR. ROBERT PAULE: And, Your Honor, Robert Paule. I would just point out one thing. I can tell that due to the proximity of Ms. Bell to the jury, that they are able to

overhear her comments or at least some of them because of visual reactions. I know this has been an issue. I just want to make a note of it to try to avoid these things coming before the jury. Thank you.

THE COURT: It is noted and it is a problem, but I don't know how we avoid the problem because you and I have to hear what Ms. Bell says too. So it's just what it is.

MS. BELL: Your Honor --

THE COURT: Just a minute. I need to hear from Mr. Gray.

**(At sidebar)**

THE COURT: I can't hear you, Mr. Gray.

MR. GRAY: Can you hear me now?

THE COURT: Okay.

MR. GRAY: I never touched this in my direct examination, so it's improper cross -- or redirect for her to introduce an exhibit that I never went into and was never in the case until today.

MS. BELL: Your Honor, Mr. Plunkett on cross-examination -- and I'm facing the back, I'm not meaning any disrespect, Your Honor, in an attempt to not let anyone hear me -- Mr. Plunkett raised on cross-examination the concept with the head of training that one of the best things to do is to use testing as a metrics to understand if people understood their information.

A piece of this testing is already in evidence. It is one of the -- there are two government's exhibits that are the quiz. That is the first part of this exhibit. This is the remaining of the testing. They have had this in discovery for literally months and would have seen it when they reviewed the exhibit that was a portion of this testing.

And so this testing is relevant directly to Mr. Plunkett's assertion that testing metrics are -- testing is a metric to make sure that people are learning the training that they are receiving. And that's all I'm offering it for, Your Honor.

THE COURT: I think, counsel, for that limited purpose it's just unfair to, after a direct exam -- I mean cross-examination has been completed, to give an extensive document such as this that counsel hasn't had an opportunity to review. I have not had an opportunity to even look at them. And therefore I'm going to sustain the objection at this time. It doesn't mean that another witness at another time might not be permitted to look at it.

MS. BELL: Yes, Your Honor. I would put counsel on notice that I do plan to introduce these exhibits later; and so if they said they need to review them, I want to let them know that.

THE COURT: Okay.

MR. PLUNKETT: And I'll have other objections later. Thank you.

THE COURT: We'll leave it that way. Thank you.

**(In open court)**

THE COURT: Continue, please.

MS. BELL: Thank you, Your Honor.

BY MS. BELL:

Q. I did want to follow up with lesson plans. You were asked some questions last week about lesson plans. I'm just pulling up Government's Exhibit 74 so we can see just a reminder of what a lesson plan looks like. Is that right?

A. Yes.

Q. Okay. You were asked on cross-examination about the fact that these lesson plans are for the instructors and the recruits don't see the lesson plans. Do you recall that?

A. Correct.

Q. Why do you have lesson plans? What's the purpose?

A. Generally a lesson plan is a guide for instructors. An instructor might make a lesson plan, just a brief synopsis of the training at hand, some bullet points in case -- maybe the next instructor, he or she couldn't make that next class. Some other instructor could pick it up and teach that lesson plan.

Q. And so what is the -- in terms of -- what, if any, benefits to consistency of training do these lesson plans

have?
A. Because we can reflect back on them and then also use them in the academy or in in-service, and it's also another record for us in the training department.
Q. All right. You were also asked some questions about scenarios at the academy. Do you recall those questions --
A. Yes.
Q. -- generally about scenarios?
A. Yes.
Q. How, if at all, does working a scenario about one issue, let's say domestic violence, apply to other situations that a police officer might encounter?
A. How does the training?
Q. So I guess -- this is my question. You can't do unlimited number of scenarios, right?
A. Correct.
Q. So you have to pick some scenarios; is that right?
A. Yes.
Q. And so does working a scenario in one issue -- let's say domestic violence. What, if any, applicability would that have to other situations if you can't do every scenario?
A. Well, you generally pick scenarios that recruit officers will see the most out in the field, and domestics being one of them and just being able to respond to them appropriately and working through that whole scenario.

Q. Are there things about domestic scenarios that might apply to other circumstances that aren't a domestic service call?

A. I think if you're going to -- generally when you respond to a domestic, you're going to handcuff somebody. You might fight with somebody. There's a high likelihood that an officer could get injured. They are more dangerous situations to respond to.

Q. And so are you saying, then, that there's some applicability to other situations where you might find yourself fighting or whatever but it's not a domestic necessarily?

A. Correct.

Q. I see.

Okay. You were also asked some questions about -- that one of your goals was to sort of move the training away from being as paramilitary. Do you remember those questions?

A. Yes.

Q. And do you recall Mr. Plunkett challenging that assertion by raising three things in a -- that Survey Monkey?

A. Yes.

Q. Okay. And the three things -- do you recall him raising the drill and ceremony, the calling people "sir" and

"ma'am," and the not entering the office without permission?
A. Yes.
Q. Mr. Plunkett asked you a number of questions about the drill and ceremony; is that right?
A. Yes.
Q. And I want to make sure I understood you correctly. That is two hours out of the 700 and something hours of the academy?
A. Correct.
Q. Why -- I don't recall Mr. Plunkett asking you this. Why do you do that very small amount of drill and ceremony?
A. It's not as important as the other subjects, but they have to have a baseline knowledge in case they are out in the field responding to a protest, where we have to move in mass formations or civil unrest.
Q. So that might be a circumstance where they might actually have to use these formations?
A. Yes.
Q. And then there was the questions about calling people "sir," "ma'am," and waiting to enter at the office. Do you remember those questions?
A. Yes.
Q. And you, I think, talked about the continued use of "sir," "ma'am," out in the field, but once officers graduate from the academy, are they formally announcing themselves at

office doors once they're sworn police officers?
A. No. They have to show respect and still knock and ask -- you know, they don't just walk into a sergeant's office. We all would generally ask our boss if we could come in --
Q. Okay.
A. -- but they are not required to pound on the door and request that.
Q. Okay. And so in what ways -- and this is when you were working on this back in, I guess, 2018 and going forward; is that right?
A. Yes.
Q. In what ways did you try to make the academy sort of less paramilitary, less rigid?
A. Sure. So with the academy I fully recognized we were sending recruit officers to the community, and a big part of that is verbal skills, communicating skills. So we wanted to make sure that we with the officer of the day, that they're -- that was creating the leader -- creating more confidence in leadership abilities for the officers, the recruit officers. And then incorporating a lot more community into the academies. And then just a lot more -- we wanted more collaboration out of the recruits. We didn't want such a rigid style, because they're going to use those communication skills out in the field.

Q. So what do you mean by incorporating community into the academy?

A. So we had a couple different -- each academy we bring in community groups. So for their class we brought in a couple different community groups into the police academy to give a historical context. One was the black men's group and then the other, like, Jewish Community Council that would come in and talk about historical context, why our job is important and why some people were nervous of police, and then -- so they had a better idea and a better understanding of what some community members would go through and to have those considerations when they're out in the field dealing with community members, but also starting those relationships early on.

Q. Okay. You also talked about -- I think you said you told people to stop doing whatever they were doing in the hallway?

A. Yes. There was just no purpose for it. We wanted -- we were trying to get the recruit officers to be able to engage the public, not be afraid of them or think we're higher than them.

Q. All right. And I'm sorry, I think I talked about -- I think I mentioned the Survey Monkey with respect to the academy and that drill and ceremony, and I didn't mean that. I meant that Mr. Plunkett asked you questions about the

paramilitary. If I referenced the Survey Monkey, I apologize. That was my screwup.

A. Okay.

Q. Now I want to talk about the Survey Monkey.

A. Okay.

Q. Mr. Plunkett -- the Survey Monkey was related to the field training program, correct?

A. Correct.

Q. So Mr. Plunkett raised on his cross-examination four things that were complaints of the survey: not consistent training for the field training officers, inconsistent grading, stricter --

MR. ROBERT PAULE: Your Honor, I'm having difficulty hearing. She's speaking very quitely. We have no microphones. It's soft.

THE COURT: Yeah, you have a tendency, counsel, at the end of a sentence to drop off and I think that's what is being discussed. And it may be a little bit -- pulling the microphone down directionally may improve it too.

MS. BELL: I apologize. I have never had anyone actually tell me I was too quiet. So I will endeavor to improve.

BY MS. BELL:

Q. All right. Mr. Plunkett raised with you four complaints that came out of the survey, that field training officers

were not getting consistently trained, there was inconsistency in the grading among officers in training, there should be a stricter process for selecting the FTOs, and there needed to be an understanding by the FTOs of each of the phases of the program. Do you remember those four items?

A. Yes.

Q. Okay. What Mr. Plunkett didn't ask you and I am asking you now is: What, if anything, did you do to address those four areas back in 2018?

A. So when I hit the reset button on the field training program, part of that was to bring that consistency to the program. So first day of the field training course that I offered, I put on my itinerary -- I'll even back up a little bit.

During in-service I taught all the police officers this is the overview of the field training program and it was a brief just touchpoint on it and what direction we were heading, the phases. And then if you would even fill in as a field training officer, what the grading metric was and what we expected from the field training office, as well as then in the field training course we gave an overview of what the field training -- the phases looked like, what we were expecting of the field training officers. We did scenarios through role playing, as well as body-worn camera

scenarios as a group so that we could get the scoring back to a consistent level. So that was some of the things that we did in the field training.

Q. Okay. So I want to break that down a little bit. As part of your resetting -- and maybe this was part of a different situation; I want to make sure I'm understanding -- was that when you made all the FTOs reapply?

A. Correct. I think we had right around 160. And I put out another job announcement and said if you want to be an FTO, that's where you had to have a direct supervisor -- your direct supervisor approve, your precinct commander approve, and then apply and basically write a memo of interest why you wanted to be a field training officer.

Q. And then I think you were asked some questions by Mr. Gray that then that person if -- assuming they got those approvals, then that would also go to the internal affairs division; is that right?

A. Correct.

Q. Okay. And then at that point, if people cleared or passed all of those things, then you had this 40-hour training?

A. Correct.

Q. And we looked at what appeared to be like an introductory PowerPoint that you put together for that

training. Did you see that?
A. Yes.
Q. Okay. Tell me what happened during the 40 hours. What were you training on? Because that PowerPoint is not very long.
A. So it was a lot on leadership. It was on the critical decision-making model. It was a lot on -- what was being taught in the academy was the same in the field training course, because there was a -- some people were saying, I believe the Survey Monkey -- or I heard from field training officers that -- or even recruits that came back saying that field trainers, some would say forget what you learned in the academy, we're going to teach you this way.

And we were trying to get them to learn this is what is taught in the academy, which is now taught in in-service, which is now taught as a field trainer for consistency of how the department operates according to policy and procedure and what you are supposed to be doing.
Q. It sounds like it was kind of to get everybody on the same page?
A. It was. And it was also giving tips and techniques on training the adult learner.
Q. What do you mean by "training the adult learner"?
A. So getting away from what we were talking about a little bit earlier, that paramilitary. We wanted to create mentors

for the recruits. And that training the adult learner was basically a point of empowerment, how do we empower the recruits or the officers in training that are on field training to successfully pass their FTO.

Q. Now, you mentioned this just now. So folks who are selected as field training officers, I think you had said last week they had to have at least three years on?

A. Yes.

MR. ROBERT PAULE: I object. This is asked and answered and it is repetitive testimony.

THE COURT: I think we're getting completely repetitive, counsel. We've been over and over and over this.

MS. BELL: Thank you, Your Honor.

BY MS. BELL:

Q. And so my question is -- I understand we talked about this. This is my question: So would anybody who was serving as an FTO have had to attend the in-service training that were required for every officer every year?

A. Yes.

Q. Okay. That was my question. How did you address inconsistent grading?

MR. ROBERT PAULE: Your Honor, same objection.

THE COURT: Yeah, counsel, I think we've just gone

over and over it. She just answered that very question.

BY MS. BELL:

Q. Were these changes that you've been talking about, were they made by the time that Officers Kueng and Lane went through the field training program?

A. Yes.

Q. You were also asked some questions about how someone could be terminated from the FTO program. Do you recall those?

A. Correct.

Q. And I think what you said was it takes a lot. Can you explain what you meant by that.

A. So when we have an officer in training that's in field training, they have to -- each phase when they're going through -- the critical month is that last portion of their field training, when they're coming up to their ten-day. So they would have to do something that really shows that no matter what training we provided them, that they're not responding to that training and they're not achieving the grades that they need to get to pass the program.

So we average about one a class that does not pass field training. And generally then we will, myself and the lieutenant and sergeant, will go through all the -- well, let me explain it.

The FTO sergeant and lieutenant will go through

all the ROPE forms, and then they will write up a synopsis of their field training that says what the deficiencies were, what we tried as trainers to fix. And then I take that. I review it.

I end up sending that to the deputy chief of professional standards, who reviews it. Basically I'm asking to release this officer from probationary release and that -- for the chief's approval and also goes through a component of HR to make sure that we are doing everything correct and unbiased.

Q. And so would an individual field training officer's opinion control the decision about whether a field training officer passed or failed?

A. No.

MS. BELL: Could I have a moment, Your Honor?

THE COURT: Yes.

(Pause)

MS. BELL: I have nothing further.

THE COURT: Thank you.

Any further recross?

MR. PLUNKETT: Yes, Your Honor.

THE COURT: Mr. Plunkett.

MR. PLUNKETT: Thank you, Your Honor.

RECROSS-EXAMINATION

BY MR. PLUNKETT:

Q. We meet again.

A. Hi, Mr. Plunkett.

Q. Hi. How are you?

A. I'm okay.

Q. Good. Grab your drink before we begin.

You were asked some questions by Ms. Bell just recently about 5-300, which is the policy on use of force?

A. Yes.

Q. Okay. And I'm going to show you -- you were asked specifically about some leg restraint stuff; isn't that correct?

A. Yes.

Q. Okay. So -- and those are preparatory so you know what's coming.

MS. BELL: I'm sorry. I couldn't hear, Mr. Plunkett.

BY MR. PLUNKETT:

Q. When you look at that policy, though, what we find out is only sworn employees who have received training from the MPD training unit are authorized to use neck restraints. Isn't that what the policy says?

A. Yes.

Q. And so that would mean that that's what the recruits are

told, correct?
A. Correct.
Q. And the recruits wouldn't know who does or does not have that training; isn't that correct?
A. Correct.
Q. I mean, with all due respect, there's six to eight hundred officers. You don't know that either?
MS. BELL: Your Honor, I'm going to object this is repetitive of the earlier --
THE COURT: It is repetitive, counsel.
BY MR. PLUNKETT:
Q. You were also asked some questions about what to do -- in the academy when there's conflict between orders, policies. Do you remember those questions?
A. Yes.
Q. When we look at the training manual, which this is Exhibit K-A, it says that if you receive an order that conflicts with a previous order, you will respectfully advise the person giving the second order of the conflict and then comply with the second order. Isn't that what the recruits are told?
A. Correct.
Q. And you were asked a few questions about scenarios and then I think you said, well, you try to pick the scenarios that people are most likely to see in the field. Isn't that

what you told us?
A. Correct.
Q. But, still, there is no scenario on intervention; isn't that correct?
A. Not titled intervention, correct.
Q. One of the things you just told us is that on the paramilitary issue, that drill and ceremony, marching in lines, things like that is important because they might use that at civil unrest?
A. Part of it, yes.
Q. But the reality is there's specific classes on how to address civil unrest, correct?
A. Yes, there is.
Q. And there is nothing about the position of attention, the position of parade rest, column left march, column right march, platoon halt that has anything to do with civil unrest; isn't that correct?
A. During -- you would have to still move in a mass formation somewhere. So drill and ceremony is the basic foundation of marching.
Q. Parade rest, that's how you address a civil disorder?
A. Well, not that command, no.
Q. You talked about the 40-hour class that you created after you did the Survey Monkey. Do you remember that?
A. Yes.

Q. That's a one-time class; isn't that correct?
A. Correct.
Q. There's no testing that is part of that class except for the lawyer one, correct?
A. Correct.
Q. And there's no follow-ups in that class as it's a one-time class; isn't that correct?
A. Correct.

MR. PLUNKETT: Thank you, Your Honor.

THE COURT: Thank you.

Mr. Paule.

RECROSS-EXAMINATION

BY MR. ROBERT PAULE:

Q. Inspector Blackwell, I'll try to be brief.
A. Thanks.
Q. I believe you testified in response to Ms. Bell's most recent set of questions that the only person that trains on excited delirium is Nicole Mackenzie; is that correct?
A. She's one of the trainers.
Q. Isn't there a Sergeant Ker Yang who trains on excited delirium?
A. Yes.
Q. And when you spoke to the FBI on June 8th of 2020, didn't you tell them that he is the excited delirium training expert?

A. Yes.
Q. Now, going to the PowerPoint, this Exhibit 14, there are 30-some slides and some videos in there, are there not?
A. Yes.
Q. And showing --
MR. ROBERT PAULE: Excuse me, Your Honor. I'm going to put on the screen to publish page 31 of T-14.
BY MR. ROBERT PAULE:
Q. I'll try to zoom in. The second sentence on that particular image says, Place the subject in the recovery position to alleviate positional asphyxia. Is that correct, Inspector Blackwell?
A. Yes.
Q. Isn't that the only place in this entire PowerPoint where side recovery is mentioned?
A. Yes.
Q. Now, Ms. Blackwell [sic] talked about some of the typical signs that are exhibited by people who are in excited delirium syndrome. Do you recall her mentioning that there are damaged objects?
A. Yes.
Q. The person punching the fence?
A. Yes.
Q. And targeting glass?
A. Yes.

Q. Was Mr. Floyd able to do those?
A. No.
Q. Is that because he was already handcuffed?
A. Yes.
Q. So he wasn't able to take off his clothes either, was he?
A. No.
Q. And then I'm showing you page 6 of T-14. This talks about the definition of excited delirium that you train people on; isn't that correct?
A. Yes.
Q. And you train this in the in-service, do you not?
A. Yes.
Q. What is the last sentence in the comment section?
A. How many calls do we go on every year with someone exhibiting at least on one of these signs and symptoms.
Q. I think it says "on," but I think what it's supposed to say is "one." Isn't that correct, Inspector Blackwell?
A. Correct.
Q. So what you are really training them is to look for people with excited delirium, they could only be exhibiting one of these symptoms; isn't that right?
A. Possibly, yes.
MR. ROBERT PAULE: Thank you. I don't have any further questions.

THE WITNESS: Thanks.

RECROSS-EXAMINATION

BY MR. GRAY:

Q. Good afternoon.

I don't -- I don't know if I heard you right, but did you testify, when the prosecutor was questioning you, that Thomas Lane did nothing on that video to care for George Floyd?

A. To render aid, I think, was the --

Q. Excuse me?

A. To render aid, I think, was the --

Q. To render aid?

A. Yes.

Q. Okay.

A. Or to stop --

Q. Excuse me?

A. Or to stop anything.

Q. Or what?

A. Or to stop anything.

Q. Told to stop anything, did you say, or --

A. It was in the context of either rendering aid or trying to stop anything from happening, the appropriate amount of force.

Q. You do agree, however, that he did, as soon as Floyd stopped resisting, suggested to Chauvin, "Shall we roll him

on his side?" Right?
A. He subjected that, yes.
Q. Yeah. And what did Chauvin say? "No, stay, we're staying where we're at." Is that right?
A. He did.
Q. "No, staying, put where we got him." And then Lane said, "I just worry about excited delirium." You heard that, didn't you?
A. I did hear that.
Q. He was concerned about the arrestee, correct?
A. Correct.
Q. And then later he said, "I think he's passing out," talking about Floyd. Do you remember that?
A. Yes.
Q. And do you remember Lane then saying, after checking his back and watching his chest go up and down, "He's breathing"? Do you remember Lane saying that?
A. Yes.
Q. And, again, two minutes after the first time, he asked Chauvin, "Should we roll him on his side?" Do you remember that?
A. Yes.
Q. That's twice in two minutes, correct?
A. Yes.
Q. And then shortly after that, within minutes -- seconds,

Thomas Lane checked Floyd's ankle for a pulse; is that right?

A. Yes.

Q. Okay. And I have a photo of that if you want to see it. But you remember that, right?

A. I do.

Q. And right after he checked the ankle for a pulse, the ambulance -- he says, "There we go." He can see the ambulance coming, correct?

A. Correct.

Q. And then after the ambulance, he sees it's coming and it gets there, Thomas Lane went over and tried to pick up George Floyd by his pants to turn him over. Do you remember that?

A. Yes.

Q. And then, of course, we -- you said that he did go in the ambulance and check his carotid pulse on his neck right away, correct?

A. Correct.

Q. And he did chest pumps, correct?

A. Correct.

Q. You're aware that there was a crowd of people there. They might not have been the largest crowd in the world, but they were very vocal, correct?

A. Yes.

Q. They were vocal enough where the EMS guy, he wanted to go down a couple blocks, correct?
A. I didn't know if --
Q. You don't know that?
A. Yes.
Q. Sure, you knew that.
A. Yep.
Q. So --

MR. GRAY: That's all I have.

THE COURT: Thank you.

Ms. Bell.

MS. BELL: Very briefly.

FURTHER REDIRECT EXAMINATION

BY MS. BELL:

Q. When you said you don't have a scenario titled intervention, what did you mean?
A. I didn't believe we had a scenario that was actually labeled duty to intervene.
Q. Did you have a scenario that addressed that in some way?
A. Yes.
Q. What was that?
A. It was just basically a defensive tactics scenario where the -- it's kind of a fight call, where it's a multiple officer takedown and the officers have to work together to communicate with one another to effectively take the person

into custody, meaning handcuffing them and then working together to get them in the side recovery and upright position.

Q. Okay. You were also asked some questions about Mr. Floyd being handcuffed, which prevented him from taking off his clothes or banging on glass. Before Mr. Floyd was handcuffed, did he have his clothes off when the police arrived?

A. No.

Q. Did he have an attraction to glass before he was handcuffed?

A. No.

MR. ROBERT PAULE: Objection. Foundation and speculation.

THE COURT: Sustained and sustained.

BY MS. BELL:

Q. Before Mr. -- you've watched the video, correct?

A. Yes.

Q. And you've seen the portion of the video before Mr. Floyd was handcuffed when the police officers arrived?

A. Yes.

Q. And so before he was handcuffed but after the police officers arrived, did Mr. Floyd have his clothes on?

A. Yes.

Q. Did Mr. Floyd break anything, punch a fence, anything

like that during that time period?

MR. ROBERT PAULE: Your Honor, I'd object. This is improper.

THE COURT: I sustain, counsel. This is, I think, pretending. Let's get to the real case.

BY MS. BELL:

Q. You also said -- Mr. Gray just asked you about statements that Mr. Lane made while Mr. Floyd was on the ground. Do you remember those questions?

A. Yes.

Q. Why do you not consider those statements to be rendering medical aid?

A. Because he didn't physically do -- he didn't render aid.

MS. BELL: I have no further questions.

THE COURT: Thank you.

MR. GRAY: May I?

THE COURT: Mr. Gray.

MR. GRAY: Thank you.

FURTHER RECROSS-EXAMINATION

BY MR. GRAY:

Q. You know, one of these codes of conduct that we have here, it's 5-101 --

MS. BELL: Your Honor, this is beyond the scope of --

MR. GRAY: No, it's not. I'm not done with my

question.

MS. BELL: Oh, I'm sorry.

BY MR. GRAY:

Q. One of these codes of conduct is truthfulness. Do you know what that is?

A. Yes.

Q. Okay. And when you say that Mr. Lane did nothing, he was the one that got in the ambulance, correct?

A. I apologize. So in the end he did, Mr. Gray.

Q. In the end. In the beginning he called the ambulance, didn't he?

A. Yes.

Q. Didn't he suggest a hobble? Didn't he?

A. Yes.

Q. Didn't he say, "Roll him over on his side" twice? Didn't he?

A. Yes.

MR. GRAY: I have nothing further.

THE COURT: Thank you.

MS. BELL: I have nothing further, Your Honor.

THE COURT: I'm sure you're not going to object to stepping down.

THE WITNESS: I am not, Your Honor.

THE COURT: Thank you very much.

THE WITNESS: Thank you very much.

THE COURT: Members of the jury, let's take our afternoon break at this time. Again, I caution you not to discuss the case during the recess.

We are in recess for an afternoon break.

(Recess taken at 3:14 p.m.)

* * * * *

(3:31 p.m.)

**IN OPEN COURT**

**(JURY PRESENT)**

THE COURT: You may be seated.

Counsel.

MS. TREPEL: United States calls Dr. Andrew Baker.

THE COURT: Doctor, if you'd stop there and raise your right hand.

ANDREW BAKER,

called on behalf of the government, was duly sworn, was examined and testified as follows:

THE COURT: Take the stand, please. Remove your mask and give us your name and spell your last name.

THE WITNESS: My full name is Andrew Michael Baker. Last name is B-A-K-E-R.

THE COURT: Okay. Thank you.

Proceed.

DIRECT EXAMINATION

BY MS. TREPEL:

Q. Good afternoon, Dr. Baker.

A. Good afternoon.

Q. Can you tell us where you work.

A. I am the chief medical examiner for Hennepin, Dakota, and Scott Counties. I work in Minnetonka.

Q. And how long have you been the chief medical examiner for those counties?

A. I was appointed in 2004, so I think I'm coming up on my 18-year anniversary.

Q. All right. Congratulations.

Can you explain to us generally what a medical examiner does.

A. Yes. Medical examiners perform autopsies.

THE COURT: Excuse me. Is the light on on your --

THE WITNESS: It is, Your Honor. Do I need to get closer?

THE COURT: Yes, or else maybe just kind of tip the mic a little bit so it's directly to you. It's a -- I think it's not multidirectional or something like that.

Okay. Let's try again. Proceed.

BY MS. TREPEL:

Q. You were telling us what generally a medical examiner does.

A. Yes. So in Minnesota medical examiners perform autopsies. We identify deceased individuals and we certify their causes and manners of death. We're the arm of local government that investigates any sudden, unexplained, or unnatural appearing death.

Q. And are those generally, then, your duties as chief medical examiner or do you have additional duties in that role?

A. I have additional duties that are largely administrative because I do oversee a staff of more than 50 people that includes seven other physicians.

Q. What position did you hold before you became the chief medical examiner?

A. I was an assistant chief medical examiner for Hennepin County from 2002 through 2004.

Q. All right. Now, you've said that you are the chief medical examiner. Are you also a doctor?

A. Yes.

Q. And what is the area of medicine, then, that you practice in?

A. My specialty is forensic pathology.

Q. Can you walk us through your training to become a forensic pathologist.

A. Sure. I received my bachelor's degree from the University of Iowa in 1988. I received my medical degree,

my MD, from the University of Iowa College of Medicine in 1992.

From 1992 through 1997 I was a resident at the University of Iowa Hospitals and Clinics, where I completed my training, in what's known as anatomic and clinical pathology. In 1997 I then moved to Minneapolis and did a year of specialty training in the field of forensic pathology; completed that in 1998.

Q. And where did you work after that?

A. In the summer of 1998 I went on active duty as a medical officer in the United States Air Force, and I had that position until 2002.

Q. And as a medical officer in the United States Air Force, what was it that you were doing?

A. I practiced exclusively forensic pathology for the Department of Defense.

Q. Are you board certified in any areas?

A. Yes.

Q. What areas?

A. I am certified by the American Board of Pathology in anatomic and clinical pathology, and I hold a subspecialty certification in forensic pathology.

Q. And can you explain what it means to be board certified in those areas.

A. Yes. Like all medical specialities in America, we have

an independent board that assesses people's competency to practice. I don't know what all the hoops are for every medical speciality, but for pathology it would be, for example, graduating from an accredited U.S. medical school, completing an accredited training program, performing a certain number of procedures in a variety of fields in pathology. There's letters of recommendation that are required. And I think most people would probably regard the biggest hurdle as the examination test that we take.

When I was originally certified, the examination for general pathology alone was three days long and then the forensic pathology exam was an additional day.

Q. And as a forensic pathologist, do you treat living patients?

A. I do not.

Q. Can you tell the jury what a death investigation is.

A. When I use the term "death investigation," I'm basically describing all the functions of a medical examiner's office, because there's quite a bit more we do than just autopsies and certifying deaths.

A typical death investigation will start when my office is notified by law enforcement, by EMS, by an emergency room that there has been a death that they believe falls under our jurisdiction. That call is answered by one of my death investigators, who are investigators that work

just for my office. They assess whether that case falls under our jurisdiction.

And then if that death took place outside of a hospital, they would actually respond to that scene of death, make an assessment of the body, take photographs, talk to family members if they're present, get some history from law enforcement if they're present, and then arrange for the transport of the body back to the medical examiner's office. So that's just the first step of the death investigation.

Following that, my investigators will work to make sure that we properly identified the decedent, that we've notified the decedent's next of kin. We help the next of kin understand if there will be an autopsy and why one needs to be performed. In many cases they are also helping the next of kin make decisions about things like donations, corneas, heart valves, bone, that sort of thing.

Yet another facet to the death investigation -- and again this is largely my investigators -- is gathering the decedent's medical history. It could be a phone call to their primary care provider. It could be a review of that person's medical records. If their identity is in question, it could be us contacting their dentist as well in case we need to get x-rays or dental charts to try to make an identification.

So those are all the initial phases of the death investigation. Typically once my office is notified of a death, if there's going to be an autopsy, it's generally done the next day at the latest unless there's extenuating circumstances.

Oftentimes when the autopsy is complete, the next phase of the death investigation is the family calling back to get some results from one of my investigators because they'd like to know why their loved one died, they'd like to know about how long it's going to take to get various tests back.

Once the death investigation is complete, once I have all the autopsy results back, then in most cases the final stage of our role in the death investigation would be me completing that person's death certificate.

Q. And so then big picture, what is the objective of a death investigation?

A. Ultimately it's to certify that individual's cause and manner of death.

Q. And could you give us an estimation of how many deaths you've certified a cause and manner of death for?

A. Oh, gosh. Me personally? I mean, my office investigates about 9,000 deaths per year. Many of those we waive jurisdiction on. We probably end up certifying 2,500 to 3,000 of those deaths. And so in any given year, I'm

properly certifying at least one-eighth of those. I can't do the math, but the number has got to be in the thousands of death certification I've signed in my career.

Q. Okay. And then you mentioned an autopsy being part of a death investigation --

A. Yes.

Q. -- if I understand.

So what role does the autopsy then play in the death investigation?

A. Well, the autopsy goes a long way in helping understand the cause of an individual's death, and it also informs our decision as to how to classify the manner of that person's death.

Q. You've used now the term "the cause of death." Can you explain what that term means specifically as a medical examiner.

A. Yes. So every death certificate in America has a cause of death placed on it. For natural deaths, that cause of death is almost always filled out by the decedent's primary care physician or whatever doctor took care of them during life.

The cause of death is literally whatever disease or injury caused the person to die, and there's essentially an infinite number of potential causes of death. It could be metastatic cancer. It could be a gunshot wound to the

head. It could be blunt force injuries from a car crash. The list goes on and on. And, again, it's up to a physician to put that cause of death or those causes of death on a death certificate.

Q. And then in other situations where there's not a physician doing that, is that what you do?

A. Well, I am a physician, but yes.

Q. Sorry.

A. We take the place of the treating physician, because in Minnesota treating physicians shouldn't be signing death certificates if the manner of death is other than natural.

Q. And to be clear, I didn't mean to imply otherwise.

A. That's quite all right.

Q. All right. Now, were you the medical examiner who examined Mr. Floyd?

A. Yes.

Q. Did you ultimately determine a cause of death for Mr. Floyd?

A. I did.

Q. What was that cause of death?

A. If it's all right with the court, I'm just going to take out my copy of the autopsy report.

THE COURT: Please do.

MR. ROBERT PAULE: Your Honor, while Dr. Baker is doing that, I would just like to ask counsel could you

please use the microphone and keep your voice up. I am having difficulty hearing you.

MS. TREPEL: I apologize, counsel.

THE WITNESS: So I believe the question is how I worded Mr. Floyd's cause of death?

BY MS. TREPEL:

Q. What was the cause of death?

A. Yes, I listed his cause of death as cardiopulmonary arrest, complicating law enforcement subdual restraint and neck compression.

Q. And I want to take that piece by piece.

So, first, what does the term "cardiopulmonary arrest" mean?

A. That is just fancy medical lingo for the person's heart and lungs have stopped.

Q. So that's the actual final moment that they stop, essentially?

A. Yes. I mean, barring resuscitation that gets the heart going again, it would be the final moment.

Q. So not the same thing as a heart attack, then?

A. Correct. Heart attack is kind of a catchall term for a variety of underlying conditions that to a lay observer would look like a sudden death.

Q. And then I believe you said complicating law enforcement subdual restraint and neck compression?

A. Correct.
Q. Can you explain what you mean by that.
A. Yes. I top lined the law enforcement subdual restraint and neck compression because in my opinion those played a key role in precipitating Mr. Floyd's cardiopulmonary arrest.
Q. Did you find that Mr. Floyd had any other conditions that contributed to his death, even if they weren't the primary cause?
A. Yes, I did.
Q. And just briefly, what were those contributing conditions?
A. And, again, I may refer to my report as I answer the question.

The other conditions Mr. Floyd had included atherosclerotic heart disease, which is fancy medical lingo for narrowing of the coronary arteries. He had hypertensive heart disease, which means his heart was enlarged due to his history of hypertension. And he also had some drugs in his system that I considered other significant conditions for the purpose of certifying his death.

Q. All right. And I want to get into each of those specifically in a moment, but big picture, can you tell us why you determined that those were contributing causes rather than, I think you said, top line or immediate causes.

A. Correct. I would consider those contributing causes because obviously his heart disease did not trigger the interaction with law enforcement officers. His drug use didn't trigger the interaction with the law enforcement officers. They played a role in his death, but they were not the -- in my opinion the top line cause of his death.
Q. Okay. So now I want to drill down a bit. So, first, when was it that you began the death investigation into Mr. Floyd's death?
A. I can't give you the exact time without referring to my office notes, but his death would have been reported to us shortly after he was pronounced dead in the emergency room, and he was pronounced dead in the emergency room at 9:25 on the evening of May 25th, 2020.
Q. All right. And what did you know about the circumstances of Mr. Floyd's death at the time?
A. So I was not aware of his death until the following morning when I was notified by the BCA. My recollection is that I knew that he had become unresponsive while he was being restrained by Minneapolis Police, that there may have been pressure applied to his neck, and that he had been pronounced dead in the emergency room.
Q. All right. Had you watched any videos at the time -- and now I mean the next day -- when you received a report of this from the BCA?

A. No. I intentionally avoided watching any of the videos until after I had completed my autopsy of Mr. Floyd.

Q. Why was that?

A. I did not want to go into the autopsy with any preconceived notions about what I should or should not find. I would rather do a -- the most thorough autopsy that I'm capable of doing and then going and seeing how that compares to the video.

Q. Okay. And earlier you mentioned the term "BCA." Could you just explain what BCA is, in case people don't know.

A. Oh. Yeah, that's the Bureau of Criminal Apprehension.

Q. All right. Could you tell us generally what steps are involved in an autopsy.

A. Yes. In an autopsy that's considered to be a homicide or a potential homicide, as a matter of policy we leave that body intact until the physician who is performing the exam can start that. In other cases we will have an investigator process the body, which means they will remove the clothing, the jewelry, the personal effects. But in a potential homicide only the physician is allowed to do that.

And so our initial examination of the body often includes the decedent with their clothing still on, with all their medical interventions still in place, with any foreign material that might be on their body, which could be in the form of, you know, plants, leaves, dirt, whatever. We

document all that meticulously as we start the exam.

And then the physician very carefully removes the decedent's clothing. In Mr. Floyd's case, I believe his clothing had already been removed in the emergency room, but it was still with him. But I did very carefully document all of his medical interventions before I removed that, and then another set of meticulous photographs is taken.

And then the next step in the autopsy is we collect any potential trace evidence on the body. That might be in the form of pulled head hairs. That might be in the form of fingernail clippings.

Then we meticulously clean the body off because we want to make sure that there's no injury that's obscured by blood or any other foreign material. And then we take yet another set of meticulous external photographs so we can really drill down on what are we seeing that's an injury, what are we seeing that's a natural disease, et cetera.

After all of that has taken place, then we go to the step that I think most people think of when they hear the word "autopsy," and that is a very carefully placed set of incisions on the body that allows us to document injuries under the skin that you might not see from the outside and that allows us to remove all of the organs one by one, so we can meticulously examine each of those organs for any internal evidence of injury or any natural diseases that

this person may be harboring.

As we're doing that, we also collect specimens for toxicology. Typically those specimens are blood and urine. Those were collected in Mr. Floyd's case, although we had blood from the hospital, so we did not use autopsy blood for our testing, but we did collect it and retain it.

We also take a small biopsy of each organ and anything abnormal we see, and we put those biopsies under a microscope so that we can look for natural diseases that maybe you couldn't see with a naked eye.

And then really the final step in the autopsy is waiting for those slides to come back from the lab so that we can look at them and waiting for our toxicology results to come back from the reference lab. Once we have all those things back, all of that is tied into a very lengthy and in this case a very detailed final autopsy report.

Q. All right. Now, I want to follow up on one thing you said. You mentioned medical interventions. Can you just explain in the context of the autopsy what that means or looks like.

A. Yeah. So any time someone makes it to the emergency room, there's a pretty good chance they're going to have lines and tubes in their body. And "by lines and tubes" I mean anything from a catheter, to a breathing tube, to IVs, to central lines in the neck or in the groin. Some of the

medical devices that are used to perform CPR can actually cause injuries to the outside and even the inside of the body.

So we have to meticulously document all those things because what you don't want your medical examiner to do is to mistake medical intervention for an actual injury. And so that's why we ask the emergency room to leave all those things in place so that we know exactly what took place.

Q. And because I think I jumped right in. Who was it actually that conducted the autopsy in the case of Mr. Floyd?

A. That was me.

Q. Okay. Now, you also, I believe, referred to documentation that you do of an autopsy?

A. Yes.

Q. How is it that you typically document an autopsy?

A. Two primary ways. One is the dictated narrative autopsy report, and most physicians in my office dictate their autopsy reports as they go. So I'm dictating what I'm seeing in real time during the exam, and then that gets transcribed for me.

So ultimately that signed report is one way we document our work, but equally importantly is the photography that we do. And we do copious photography on

cases that are potentially homicides.
Q. All right. And so did you, in fact, document Mr. Floyd's autopsy in the manner you've just described?
A. Yes.
Q. Who took the photographs?
A. I did.
Q. All right. Now, in addition to the autopsy, what else did you do to conduct the death investigation in the case of Mr. Floyd?
A. So most of the other components of the death investigation I mentioned are done by my investigators. So they are the folks that reached out to Mr. Floyd's family to make contact with them. They are the folks that got the records we needed to confirm his identification. They're the folks that got me the hospital records that I asked for so I could review.

My primary other role in the death investigation, besides performing the autopsy, was eventually I did get to see what I believe were all of the videos of what had transpired the evening of May 25th.
Q. All right. Well, as the jury knows, there are a number of videos in this case. Can you just tell us generally which videos you viewed.
A. I guess I would categorize them as the Cup Foods video, the body-worn camera videos, and what I believe were mostly

bystander cell phone videos.

Q. And when was it that you did see those videos?

A. I saw one video not long after I completed the autopsy the morning of the 26th, because that was the one that had already gone viral on the internet.

I believe it wasn't until the Friday after Mr. Floyd passed away when I physically received a thumb drive with all the other videos on it, the body-worn camera and the Cup video and that stuff.

Q. Okay. And why was viewing the videos part of your investigation?

A. There's some cases where you have a relative paucity of autopsy findings. You just don't have a lot to go on in terms of injury despite doing the best exam you are capable of doing.

And so the video really helps put that death in some context for you so you, as a medical examiner, can try to figure out what happened, because the answers are not always obvious at the autopsy table alone.

Q. Can you give us an example to illustrate that.

A. Of?

Q. Of a case where the video or the context gives you information that's important to your investigation.

A. A simple example would be we occasionally find people in one of our rivers who have drowned and maybe they have blunt

trauma from hitting something on the way into the water, and we have no idea how they came to end up in the river.

And you discover later that there happens to be security camera that covers the particular bridge over that river. And if you can see that the person clearly intentionally climbed over the rail, stood there for a minute and thought about it and then leaped in, that's very helpful contextual evidence that you are dealing with a suicide.

And you wouldn't have known that without the video, because the autopsy in an vacuum is just going to tell you this person is injured and they apparently drowned.

Q. And so what does it mean for an autopsy to be largely negative?

A. It just means that you don't have a lot of dispositive findings that would stand on their own to tell you what the cause and manner of death is.

Most of our autopsies are pretty straightforward in the sense of if I do an autopsy of somebody who is riddled with gunshot wounds, you don't need a lot of context to figure out what that person's cause of death is. There may even be video of that person's death, but that's not going to be of great use to me.

But there are subcategories of autopsies where there's a relative lack of anatomical findings and you just

need to know the context in which the death occurred.

Q. Okay. And how, if at all, important was reviewing the video in Mr. Floyd's case?

A. I think it was extremely important.

Q. Can you explain why.

A. Because I was able to see his interactions with other people before he passed away. I mean, to the extent that one can assess it, sort of a qualitative look at how much he was exerting himself, how much other people were exerting on him, how long that interaction went on, over what time course did he go from appearing relatively normal to being in extremis. I mean, all of those things at some level are helpful in my understanding of what happened.

MS. TREPEL: At this time I'd like to show the witness for demonstrative purposes only a still image from what has previously been admitted as Government Exhibit 17.

BY MS. TREPEL:

Q. All right. Do you recognize this?

A. I do.

Q. All right. And just generally, what is it that you are looking at?

A. That is a still shot of former Officer Chauvin kneeling on Mr. Floyd's neck with his left knee.

Q. Okay. And earlier you referred to neck compression in your cause of death?

A. I did.
Q. Okay. And does this demonstrative help you discuss what you are referring to as neck compression in your cause of death?
A. Yes.
Q. Can you describe that, please.
A. So I listed neck compression as the cause of death -- excuse me, on the cause of death line because that was one of the ways in which Mr. Floyd was being restrained. In my experience, that was -- to me, that was unique. I have seen a lot of deaths in which people have been restrained in different ways. I had never seen this done before, and so that's why I chose to list it along with the subdual and restraint.
Q. All right. Thank you.
And when you viewed the video, about how long, just general, did the neck compression you saw appear to last?
A. It appeared to last about nine to nine and a half minutes, if I'm recalling correctly.
Q. What does the term "asphyxia" mean?
A. Asphyxia when a pathologist uses it is a very broad term that essentially means the cells in the body are not getting enough oxygen. There's a variety of ways that can happen that span the gamut from hangings to carbon dioxide

poisoning and everything in between.

We tend to look at the brain as a special case when we talk about asphyxia because it's really the organ that is most vulnerable to asphyxia. If you have the oxygen supply or the blood flow to your brain cut off, you are going to go unconscious very, very quickly. And if that oxygen supply is not restored, chances are whatever brain damage has occurred is likely to become permanent after seven, eight, nine minutes, give or take.

Q. What are some types of physical evidence of asphyxia you might find in an autopsy?

A. So that totally depends on what the mechanism of asphyxia is, so I'll give you some examples.

Hanging is a very common form of asphyxia that medical examiners see. Not surprisingly, most hangings are suicides. Typically what we will see is a ligature mark on that decedent's neck. Depending on how long they were hanged and what force was below the level of the ligature, we might see blood spots in that person's eyes. We might see plethora or blood spots in that person's face.

A different form of asphyxia that also involved compression of the neck would be people who are strangled, either manually or by someone else using the ligature. Typically in those sorts of cases we will see a ligature mark on the neck or we will fingernail marks or bruises on

the neck from a manual strangulation. Commonly we will also see internal injuries on the neck, and those internal injuries would be bruises to all the little muscles that live right underneath your skin. We'll see fractures of the thyroid cartilage, which is the cartilage that makes up your Adam's apple. Sometimes we even see fractures of the hyoid bone, which is little U-shaped bone that lives in your neck at the base of your tongue.

Those are the reasons we do such meticulous neck examinations in all of our cases, but particularly potential asphyxias. So when we're talking about compression of someone's neck, those are the typical findings we're looking for.

There are other forms of asphyxia. For example, carbon dioxide poisoning is a form of asphyxia. Easy to rule out with a laboratory test. Cyanide poisoning, a form of asphyxia; pretty rare. That would be ruled out with a laboratory test.

Q. Okay. What about "positional asphyxia," what does that term mean?

A. So "positional asphyxia," when I use that term as a forensic pathologist, what I mean is a person got into a position that they can't get out of and in that position their airway is compromised and they cannot protect their airway themselves. I'll give you some specific examples.

Not uncommonly in the medical examiner world somebody is intoxicated with opioids or alcohol and they collapse facedown into their bedding or the cushion of their couch and their nose and their mouth are completely blocked, but they're so intoxicated they no longer have the reflex to even turn their head to the side so that they can breathe again. That would be a positional asphyxia.

Much less commonly, but in some people with epilepsy, if they have a seizure and they collapse in a facedown position where their airway is no longer protected, they have a condition known as postictal paralysis, where they can't move for a period after that seizure; and if somebody doesn't come and help them turn their head to the side, they may asphyxiate.

That's generally what we mean by "positional asphyxia." It's literally the position of the body and they can't get out of it.

Q. What about the term "mechanical asphyxia," what does that mean?

A. So when I use that term as a forensic pathologist, "mechanical asphyxia," what I mean is there was so much weight on a person's chest or back that they literally cannot move the bellows of their lungs and so they can't get air in and out, and they will asphyxiate pretty quickly with enough weight.

Q. And can you explain what you mean by "the bellows of their lungs."

A. Sure. Yeah. So what I mean by that is if you think of your rib cage as kind of a bellows, you have a number of muscles between your ribs known as the intercostal muscles and you also have your diaphragm, which runs -- it's basically the divider between your chest and your abdomen. Those muscles work together to make your chest expand like bellows and pull air, and then they make your chest contract to push the air out. So the oxygen comes in, carbon dioxide goes out.

Q. And just to illustrate, what are some examples of mechanical asphyxia that you see?

A. So the typical examples in my line of work, the classic one is somebody who is working underneath a car and the car is on a jack and the jack slips and the car settles on that person's chest, and there's so much weight on their chest they literally suffocate because obviously you couldn't possibly move your chest in and out if you have that kind of weight on it.

In the pediatric world I've seen several cases where kids have had something really heavy tip over on them, like a refrigerator or a stove that was left outside on an incline and they really shouldn't have been playing with it, but they were and that fell on their chest. I've seen

examples like that too.

Q. And so in those examples the victim entirely loses the ability to expand their chest; am I understanding?

A. Correct.

Q. Is it possible for a person to die from mechanical asphyxia and there be no evidence at autopsy?

A. It's possible.

Q. Now, when you conducted the autopsy of Mr. Floyd, did you look for physical evidence of asphyxia?

A. I did.

Q. Did you find any?

A. I did not.

Q. So going back to mechanical asphyxia, what about a situation where the chest is not fully compressed, in other words, the chest can compress to take in some amount of fair, but can't freely expand and contract?

A. So I can't say that I've ever personally had a case that would fit what you just describe. Most of my -- all the cases I can recall are pretty much as extreme as the examples I just gave the jury.

You know, if there's gradations where having the lungs only partially expand and collapse would come into play, that would be a little outside my area of expertise, so I would defer to a lung specialist, a pulmonologist for things like that.

Q. Okay. Fair enough. And if I had, then, other questions about lung volume or how much oxygen a person is actually getting in a situation like you've described, would those questions be within your field of expertise?
A. No. Those would definitely be in the wheelhouse of a pulmonologist.
Q. And just to be clear, do the patients you treat or examine breathe?
A. They do not.
Q. Fair enough, then.
Okay. I want to first, then, ask you about injuries you did observe on Mr. Floyd. So, first, can you tell us what, if any, injuries you observed to Mr. Floyd's back.
A. I did not find any injuries on Mr. Floyd's back.
Q. What about on Mr. Floyd's face?
A. Yes, Mr. Floyd did have a handful of what I would call blunt force injuries to his face. "Blunt force injury" is a catchall term for bruises and scrapes and scratches and lacerations.
Q. All right. And let's -- if we can take a look at what is in evidence as Government Exhibit 106, the first page of that exhibit. First of all, what is this?
A. This is a photograph of Mr. Floyd's face taken after most of the steps I described earlier, meaning cleaning

everything off, removing nearly all of the medical devices. It's hard to read the number on this placard because of the glare in the autopsy suite, but that has his unique case number on it, which is ME-20-3700.

There's a scale on that placard -- it's the same scale you'll see in every photograph -- so you can gauge the size of injuries. That placard is exactly two inches long on one side or, if you prefer metric, it's five centimeters long on the other side.

The one medical device you will see that is still in this picture is the cut-off breathing tube in Mr. Floyd's mouth. We always leave those tubes in until we can confirm from the inside that it's in the right place. That's just a quality assurance mechanism we provide to the hospital so that they know that things ended up where they intended.

You can see a number of Mr. Floyd's facial injuries in this photograph. I think probably all of them are better represented in the subsequent exhibits.

Q. All right. If we can move to pages 2 and 3 of this exhibit, could you tell us what we're looking at here and what injuries you observed.

A. Sure. You are looking at a split screen photograph of the profile photographs of Mr. Floyd. On your left is the right side of his face, and that is essentially injury-free. There are no discernable bruises or scrapes or scratches or

lacerations there.

The large indentation you see running just underneath his right ear along the angle of his jaw, that I think is just the indentation from the strap that was holding the breathing tube in place before I removed it. That's not an actual injury.

On your right, you can see the left side of Mr. Floyd's face. Just above the corner of his left eyeball there is an abraded contusion -- fancy medical lingo for a bruise -- that's also got a component of scraping to it. On his left cheek just outside of his left eye, you can see another large abrasion.

I would just mention that these probably don't look like abrasions you are familiar seeing on yourselves, and the reason for that is after people pass away, the normal moisture in your skin that keeps injuries like this, quote, unquote, fresh appearing isn't there and so they dry out very quickly after death. And that's why some of these look much darker than you might picture them on a living person.

Also in this photograph just below the left corner of Mr. Floyd's mouth you can also see a small abrasion there below his lower lip.

Q. We will zoom in on that in a moment.

But based on your investigation, do you have an

opinion about how Mr. Floyd received these injuries to his face?

A. There's no way to date injuries like this with any specificity, but given what I saw in the videos, knowing that he was held to the ground with the left side of his head down against what I would assume was asphalt or something similar to it, that would be a perfectly logical explanation for these injuries, because that's the kind of surface that would create the abrasions that you are seeing here.

Q. All right. And if we can go to page 4 of this exhibit, what are we looking at here?

A. This is a close-up photograph of Mr. Floyd's upper lip and his nose. Just for orientation, his right nostril is basically right in the middle of the picture.

And just below his right nostril, that is a laceration of his skin, a little tearing of the skin of his upper lip. You can see on the outside of his right nostril a collection of very small abrasions. And I think it's projecting reasonably well in here. There's even some bruising to his nose as well. You can see the kind of purple discoloration. So I did record those as bruises.

Q. All right. Did you find any injuries to Mr. Floyd's shoulders?

A. Yes.

Q. All right. And if we could bring up page 5 of the same exhibit, please, could you tell us what we're looking at here.

A. Yeah. So this is kind of an overall photograph of Mr. Floyd after all of those medical devices, except the breathing tube, have been removed.

I think we'll get to close-up photographs of the injuries of his shoulders in a moment, but even at this relatively high altitude you can see injuries to each shoulder.

You probably can also see a circular injury centered right in the middle of his chest. That's from the compression device that is used by EMS in the emergency room to do CPR. So that's not an actual injury in the sense of being injured by another person. That's just an artifact of medical intervention.

You can just barely make out on either side of Mr. Floyd's chest -- and I'll just use myself as a reference point -- a little incision on either side. That's a thoracostomy incision that's made in the emergency room. Sometimes one of the things they do as sort of a last-ditch effort is just to make a quick incision on either side of the chest and make sure that there's not what's called a pneumothorax in there that they can immediately relieve that might revive the patient. Now, Mr. Floyd didn't have a

pneumothorax, but that's pretty typical in an emergency room situation.

Q. And you should be able to actually tap on the screen if you want to indicate where you see those.

A. (Indicating.)

Q. All right. And if we can move to pages 6 and 7 of the same exhibit, then. Okay. What do you see here?

A. So on your left you're looking at the top of Mr. Floyd's right shoulder, so basically this part of his body right here (indicating), and you can see a purple contusion, a bruise, with those lines in it. That's the abrasion or the scrapes there. So that's an abraded contusion on his right shoulder.

There is also an abraded contusion on his left shoulder. It's on the right side of your screen. If I were to indicate on my own body, it would be this area right here (indicating).

Q. All right. And what are these -- what, if anything, are these injuries consistent with, based on your investigation?

A. Again, there's no way to date injuries like this in a vacuum, but given the interaction Mr. Floyd had with law enforcement and given that he was taken to the ground, either of these or both of these would be consistent with rubbing against that asphalt or impacting something while that's going on.

Q. What, if any, injuries did you observe on Mr. Floyd's wrists?
A. Mr. Floyd had patterned injuries on each of his wrists, which would be entirely consistent with the use of handcuffs.
Q. And if we can take a look at pages 8 and 9 of this exhibit, then, what do we see on the screen here?
A. So on your left you see the back of Mr. Floyd's left hand and wrist. And I'll just circle this kind of train track injury right there in the middle of that oval. That's pretty classic for the sort of patterned injury you would get from a handcuff use.

On your right you are looking at the back of Mr. Floyd's right hand and wrist, and again I will just circle it. In the middle of that oval, there's that patterned train track injury entirely consistent with handcuffs.

You will also notice that there are some areas of some thickened gray/white discoloration of the skin of Mr. Floyd's hand, and I honestly don't know what that is. It's clearly not an injury. It's either some dermatological condition or reaction to something. But I'm talking about this change right here (indicating) has nothing to do with his death.
Q. And if we can move on to page 10 of this exhibit, what

are we looking at here?
A. This is a close-up of the back of Mr. Floyd's right hand. The first circle I'm putting up is the back of his index finger, his second finger. This is his middle finger right here (indicating). You can see that there are lacerations over the knuckles of both of those fingers.
Q. What injuries, if any, did you observe on Mr. Floyd's legs?
A. He had a couple of pretty minor injuries on his legs. My recollection is there was a contusion on his right shin and a couple of abrasions farther downstream on his right shin, and that was about it.
Q. And let's turn to pages 11 and 12 of this exhibit. All right. What are we looking at here?
A. So this is sort of a high altitude photograph of Mr. Floyd's right shin and then a closer-up photograph. So just for orientation, that arrow is pointing to the region on his right knee. And just above the scale there is a bruise right there (indicating). And on your right, this is just a closer-up photograph of that same bruise.
Q. What, if any, injuries did you observe to Mr. Floyd's arm?
A. Oh. There was a contusion just on the inside of his left elbow.
Q. All right. And if we can take a look at page 13 of the

exhibit, what are we looking at here?
A. So this is a photograph of Mr. Floyd's left elbow taken from behind. So you can pretty much see the bone of the left elbow right there. So this would be the lateral or the outside part of his elbow. So on the inside part of his left elbow, there is a bruise right here (indicating).
Q. At this time I'd like to show you -- let's see. Well, let me ask you this first. Did you see anything during your investigation that could be consistent with that bruising in that location?
A. That specific bruise on the left arm?
Q. Yes.
A. Yes.
Q. What was that?
A. When Mr. Floyd was being held to the ground, that bruise is in the approximate location of where former Officer Chauvin's right knee would have been.
Q. Okay. And I'd like to show you now for demonstrative purposes only a still image from what's been admitted as Government Exhibit 5. All right. Can you tell us what we are looking at first.
A. Yes. I believe this is Mr. Floyd on the ground next to the police vehicle. His head would be up here (indicating). And that is his left arm right there (indicating). And there is a knee right there (indicating) up against his left

arm.

Q. And is that what you were describing as the position of Mr. Chauvin's right knee?

A. Correct. And, of course, this is just a still image. This was a very dynamic situation. I don't know that this exact image is necessarily the best one, but I think his knee was definitely near that left elbow.

Q. Okay. We can take this down, and I will attempt my best to clear it.

All right. I'd like to turn now to Mr. Floyd's heart, after you have a drink. Did you find that Mr. Floyd had conditions related to his heart?

A. I did.

Q. And what, briefly, were they?

A. I'm going to refer to the autopsy report as I provide the answer to that. So, as I mentioned earlier, Mr. Floyd had two heart conditions. One was atherosclerotic heart disease, which means hardening and narrowing of the coronary arteries. And the other one was hypertensive heart disease, which mean enlargement of the heart in response to long-standing high blood pressure. It's very common for both of those diseases to be present in the same person.

Q. And what did you find with regard to the weight of Mr. Floyd's heart?

A. Mr. Floyd's heart weighted 540 grams.

Q. And why, if at all, was that significant to you?
A. Based on the data that I rely upon to normalize a heart weight as a function of someone's height or body weight, Mr. Floyd was above the normal range at 540 grams.

Just, again, referring to the autopsy report, 540 grams for a man of his body length, the upper limit would be 510 grams. For a man of his weight, the upper limit would be 521 grams.

So he is somewhat above the upper limit for a man of his size, and that fits with his known history of hypertension that was in his medical records and it also fits with some of the microscopic changes I could see in his heart at autopsy.

Q. Can you Just explain how that fits, how having a slightly heavier heart fits with the heart conditions you saw.
A. So when your heart gets heavier, it's because your heart has more muscle mass than a lighter heart. When you go to the gym and you lift weights and your arms get bigger, that's a good thing. When you have high blood pressure and your heart gets bigger, that's a bad thing, because all other things being equal, the larger the heart, the more oxygen it's going to need to do its job.
Q. And does having a heavier heart pose an immediate risk to a person?

A. I mean, I have certainly certified deaths as due to purely hypertensive heart disease that were generally considerably bigger than Mr. Floyd's was. I mean, he's above normal, but not -- I mean, he's not wildly above normal.

Q. Okay. Did you see any previous damage to Mr. Floyd's heart muscle when you examined his heart?

A. So by "previous damage" you are asking about what we would call scarring and fibrosis or evidence of, quote, unquote, heart attacks in the past. And, no, I did not find any microscopic evidence of that sort of damage in his heart.

Q. Can you tell us what the coronary arteries are.

A. So the aorta is the largest blood vessel in your body, and it comes off the top of your heart right here (indicating) in your chest.

And as soon as your aorta comes off the top of your heart, it gives rise to two coronary arteries, your left coronary artery and your right coronary artery. Those are the arteries that supply all the blood to the four pumping chambers of your hearty. The left coronary artery divides very quickly into what we call the left anterior descending and circumflex arteries.

So normally when we talk about human coronary anatomy, we talk about three coronary arteries, the left

anterior descending, the circumflex, and the right. If you've ever heard of somebody, say, having triple bypass surgery, in all likelihood it's because a surgeon bypassed a vessel to each one of those coronary arteries.

So that's basic coronary artery anatomy.

Q. And what did you note, if anything, with regard to Mr. Floyd's coronary arteries?

A. I'm going to refer to my report, counselor, just so I get this right.

Just so the jury understands how we do this, when you are dissecting coronary arteries, it's one of the most meticulous things we do in an autopsy. You literally take a scalpel blade and these tiny little coronary arteries, you cut them at 2, 3, 4 millimeter wide intervals the entire length of that artery.

And the reason is you don't want to miss a very focal lesion in there that might explain someone's death, and that's important to us because in our role in public health, we're diagnosing a lot of undiagnosed heart disease. I'm not talking about Mr. Floyd's case at this point, but just in general we don't ever want to miss heart disease. So that's how we're evaluating these coronary arteries.

In Mr. Floyd's case, I found 75 percent narrowing of his left anterior descending coronary artery and 90 percent narrowing of his right coronary artery.

Now, there is a branch that comes off the left anterior descending that's called the first diagonal branch. In most people it's pretty small, but Mr. Floyd had a pretty good sized one. That branch was also 75 percent narrowed in his heart.

Q. You earlier just used the word or the term "focal lesion." Can you explain what that means.

A. Yeah. If you don't cut the coronary arteries as meticulously as I just described, say that you just willy-nilly make a couple of random cuts in them a couple centimeters apart, you could miss a focal lesion, something that's in a 2 or 3 millimeter area that you just completely blew past and you've completely missed it and that could be a person's cause of death, not in this case, but that's an example of how seriously we take these heart exams.

Q. But for us non-medical folk, what is it?

A. What is?

Q. A focal lesion.

A. Oh. It's a lesion that's just in one place. Like if you think this disease process is going to be everywhere and you don't look everywhere, you are going to miss a focal lesion.

Q. And so -- all right. But you did a meticulous exam, then?

A. I did the best heart exam I know how to do, yes.

Q. Can you explain to the jury what it would mean to have an acute change or fracture in sort of the stuff that causes the arteries to narrow.

A. Yes. So the things that cause your coronary arteries to narrow are basically plaque and cholesterol. These plaques in your coronary arteries are usually [indiscernible], meaning the artery isn't --

COURT REPORTER: Go back and just repeat that.

THE WITNESS: I'm sorry. What are you asking?

COURT REPORTER: These plaques in your coronary arteries are usually?

THE WITNESS: They are usually eccentric. So unlike a pipe in your house that gets narrowed when stuff builds up on the inside, in a coronary artery they are often crescentic or moon shaped. And.

These plaques can actually be quite hard. It's why we call it hardening of the coronary arteries. And they can occasionally crack or fracture. And if a plaque has a crack or a fracture in it, it can grow very, very quickly as that fracture fills up with a blood clot and platelets and fibrin. It's one of the reasons that somebody might have the sudden onset of crushing chest pain and need to go to the hospital for emergency be geography.

So we're looking for acute changes in these plaques that we're seeing as we're doing these heart exams.

Q. Okay. And is that something you can generally see at autopsy?
A. Yes, you can see it with the naked eye. You can also confirm it under the microscope if you need to.
Q. And what did you see when you examined Mr. Floyd's arteries, then, at autopsy?
A. I did not see anything that looked like an acute change in any of his plaques. They all looked I would use the term stable.
Q. So then based on your investigation, do you have an opinion about whether Mr. Floyd's narrowed coronary arteries and high blood pressure were an immediate cause of Mr. Floyd's death?
A. Yes, I did not consider them the immediate cause of his death.
Q. Okay. Did you make any observations about Mr. Floyd's lungs?
A. Yes.
Q. All right. Oh, I'm sorry. Let me go back for one moment and just ask: How, if at all, was the context of Mr. Floyd's death relevant to your opinion that Mr. Floyd's coronary artery disease was not the immediate cause?
A. Well, the context helped me understand that there was quite a bit of exertion taking place before Mr. Floyd became unconscious and was transported to the hospital. To me,

that exertion is not something you would want to have happen in somebody with this degree of coronary artery disease.

Q. Earlier you were describing the signs of the ruptured plaque, though?

A. Yes.

Q. Did you see any of those type of signs in terms of the context of Mr. Floyd's death?

A. Well, those signs would really be more of a clinical thing, like somebody -- you know, somebody sweating profusely, somebody having EKG changes, things like. That would not be something I would be privy to.

Q. Understood.

Did you make any observations Mr. Floyd's lungs?

A. I did.

Q. All right. And what were they?

A. Again, I'm going to refer to my report. The primary thing I noted about Mr. Floyd's lungs is that they were quite heavy, and that is because they were very edematous, which is fancy medical lingo for there was a lot of extra fluid in Mr. Floyd's lungs.

Q. And what, if anything, is that consistent with?

A. It's consistent with a couple of things, which you can't really sort out in this case.

So in many of our opioid fatalities where somebody overdoses, we see very wet, heavy lungs like this. That's

quite common. In Mr. Floyd's case, he also got very extensive CPR both in the field and in the hospital, and so we often see these wet, heavy lungs in that context as well.

So in his case it's a pretty nonspecific finding. I don't really have a good way of assigning any particular meaning to why his lungs are so heavy.

Q. And can you tell us what a pulmonary embolism is.

A. A pulmonary embolism is a clot that formed somewhere else in your body. Usually it's one of the deep veins in your legs or your pelvis, although they can form almost anywhere. If that clot breaks off, it is going to be picked up by your bloodstream and immediately swept into the right side of your heart and pump into your pulmonary artery. If that clot is big enough to block most, if not all, of your pulmonary artery, you will die almost instantly.

Q. And is that something you look for evidence of at autopsy?

A. Yes, in every autopsy we look for pulmonary emboli.

Q. Did you find any here?

A. Did not.

Q. Did Mr. Floyd test positive for COVID?

A. He did.

Q. Do you know when Mr. Floyd originally tested positive for COVID?

A. My recollection, it was on the order of about seven

weeks before he passed away he had a known positive diagnosis.

Q. Did you see any evidence of COVID infection during his autopsy?

A. I did not. And I did look at his lungs under the microscope, and I did not see any microscopic changes to suggest he actually had an active COVID infection at the time.

Q. Okay. So was that information significant to you in figuring out what Mr. Floyd's cause of death was?

A. I did not consider that COVID played any role in his death.

Q. Did you at some point obtain test results related to the levels of carbon monoxide in Mr. Floyd's blood?

A. I did.

Q. Okay. Can you briefly tell us what the significance of carbon monoxide being in a person's blood is.

A. So I think everybody knows what carbon monoxide is. It's the byproduct of combustion when you burn things. Carbon monoxide will bind to human hemoglobin with an affinity many times higher than oxygen. So if you're in an environment where there's a lot of carbon monoxide around you, you will absorb that carbon monoxide and it will take up all your hemoglobin and you won't have any oxygen on your hemoglobin and you will asphyxiate from carbon monoxide.

That's how it exerts its lethality.

Q. And what are common sources of carbon monoxide in people's blood?

A. People who are in an enclosed space with an older motor vehicle that's left running, you know, that doesn't have like a catalytic converter or something else that catches the carbon monoxide, that can do it. People who have faulty furnaces, that can do it. I can't remember the last time I saw one of these, but if you had a fireplace going and you had like a bird's nest in your flue and all that smoke came into your home while you were sleeping, I've seen that happen. I've seen people with grills indoors asphyxiate from carbon monoxide.

Q. And what levels were found to be in Mr. Floyd's blood?

A. So Mr. Floyd's blood was actually evaluated at the hospital while he was still alive. He had several blood gases run.

So when your blood gas is measured, there's an actual machine that measures your oxygen saturation. So by definition your carbon monoxide level can't be any higher than 100 percent minus whatever your oxygen saturation percent is. Not everybody knows this, but most blood gas machines run an actual carbon monoxide level, whether the treating clinical team asked for it or not.

So in Mr. Floyd's case, I had access to his blood

gas data because I had his entire medical and laboratory chart and his arterial oxygen saturation I believe was 97 or 98 percent, which means at most his carbon monoxide level could only have been 2 or 3 percent, which is a normal carbon monoxide level. I mean, that's what you get just from walking on the street living in a city.

Q. So, based on that information, do you have an opinion about whether carbon monoxide played a role in Mr. Floyd's death?

A. Yes.

Q. What was that opinion?

A. It played no role in his death.

Q. What, if anything, did you note about sickle cell trait during Mr. Floyd's death investigation?

A. So when I looked at Mr. Floyd's tissues under the microscope, many of his organs had sickle cells in them.

Now, we pathologists know that people who have sickle cell trait, when their red blood cells are put into formaldehyde, which is where we put all our biopsies, the formaldehyde will cause the red blood cells to sickle. It doesn't mean the person has sickle cell disease. It just means they have the trait. And there's a huge difference.

Sickle cell trait means that you just have the genetic mutation on one of your two hemoglobin beta chains, and you will probably go your whole life and never know you

had that. You will have a normal hemoglobin level. You will play sports. You will not be anemic. You will go through your whole life and never know you had that trait.

It only becomes a problem when somebody inherits the mutation on both of their beta hemoglobin genes. Then you have full-blown sickle cell anemia, which can be a very, very serious disease.

So when I saw those sickle cells in Mr. Floyd's case, I immediately called the laboratory and I said, hey, will you do what's called a hemoglobin electrophoresis, where they basically just run the hemoglobin -- I don't actually know how they do it anymore, but they can tell you exactly what percentage that person's hemoglobin is normal and what percentage is hemoglobin S or sickle hemoglobin.

Mr. Floyd came back at I believe it was 38 percent sickle, which means he just had sickle cell trait. Just to be absolutely sure, I contacted the hospital again and confirmed that Mr. Floyd had a peripheral smear made before he was pronounced dead.

Peripheral smear means the lab takes a drop of blood and actually smear it out on a microscope slide so that you can look at the individual blood cells from the blood vessels with a microscope.

And so I had an expert in blood pathology look at that slide and confirm there was no evidence of sickling in

Mr. Floyd's blood while he was still alive.

Q. So to be clear, then, in your opinion did Mr. Floyd's sickle cell trait have anything to do with why he died?

A. No.

Q. What is paraganglioma?

A. A paraganglioma is a rare tumor of the nervous system. It's kind of related to the adrenal glands in similar organs. They're pretty rare. They can occur on any part of the body. On extremely rare occasions I believe there's literature that says they can secrete hormones and actually become clinically symptomatic.

The only reason we're discussing this is because Mr. Floyd had what I would consider an incidental paraganglioma. In his autopsy I just happened to discover this small mass in his pelvis. I put it under the microscope, and it fit best the way it looked for a paraganglioma.

Q. And what do you mean by an "incidental paraganglioma"?

A. When a pathologist uses the term "incidental," they mean it doesn't have anything to do with the larger issue at hand, which in this case is his death.

Q. And is that your opinion, then, about the paraganglioma?

A. Correct.

Q. I want to turn now to toxicology. Did you do anything to determine --

THE COURT: Excuse me, counsel. What? You want to turn to what?

MS. TREPEL: Toxicology.

THE COURT: Okay. Thank you.

MS. TREPEL: Sure.

THE COURT: I just didn't hear you.

MS. TREPEL: I apologize. My throat is getting quite dry in here, and I think it's causing my voice to drop. I think maybe I'll just actually -- last time I tried this I spilled the water all over my papers, so I just want to be a little careful.

BY MS. TREPEL:

Q. All right. Did you do anything to determine whether there were medications or drugs in Mr. Floyd's body when he died?

A. Yes.

Q. What was that?

A. So our standard practice would be to always contact the hospital and see if there's what we call antemortem blood available, meaning was blood drawn from this person before they were pronounced dead. All other things being equal, antemortem blood is generally better than autopsy blood for interpreting some of the results you get. So that's our ideal specimen.

And, in fact, a specimen like that did exist in

Mr. Floyd's case. It was drawn at 9 o'clock p.m. on the night of the 25th, so 25 minutes before he was pronounced dead. We take custody of that specimen, and then we send it to our reference laboratory that does all of our toxicology for us.

I will add we do full toxicology on nearly all of our autopsies. I did not single Mr. Floyd out for performing the exams that we did here. There's a variety of circumstances in which we would do this level of toxicology.

Q. All right. And so what was it that you actually sent off to be screened in this case?

A. It would have been one or more tubes of blood given to us by the hospital drawn from Mr. Floyd. We have a process in place where we send it directly to the lab via FedEx and so that we can also document the chain of custody.

Q. And what was it that you learned, if anything, as a result of that toxicology screen?

A. So I'll just refer to my report because I've recapped the results here. So Mr. Floyd had fentanyl in his blood. He also had a metabolite of fentanyl and another substance that's both a precursor and a metabolite of fentanyl. He had methamphetamine in his blood. He had several cannabinoids, which is THC and related compounds, in his blood. And he was positive for cotinine, which is a breakdown product of nicotine, so we see that all the time

in people who use tobacco or smoke. And he was positive for caffeine, which, not surprisingly, we see all the time.

Q. Indeed. So I want to turn first to the fentanyl, then. What level of fentanyl was found in Mr. Floyd's blood?

A. Mr. Floyd had a blood concentration of 11 nanograms per milliliter.

Q. And how easy or difficult is it to determine what effects on a person a certain level of fentanyl is going to have?

A. It's difficult because at autopsy you have no way of knowing what that person's tolerance to the drug is. You have no way of knowing how long they've used it or how frequently they've used it or how much they typically use.

You know, most of the time we have to get those datapoints from other people as a proxy, so we can maybe learn it from the decedent's family or their treating physician or their prescribing history, but a lot of times you just really can't tell how tolerant a person was to an opioid.

Q. Can you explain how, if at all, you rely on context then in interpreting toxicology results?

A. Toxicology almost always has to be interpreted in context. So the example that I will use in this case is that level of fentanyl, if Mr. Floyd had been found dead in his locked residence in bed with no evidence of trauma and

no other natural diseases found at autopsy, that level of fentanyl would explain his death. Again, a vastly different context than what we are talking about today, but that's what I mean by you have to interpret autopsy and toxicology findings in context.

Q. Okay. So how, then, did the context here play a role in your understanding of what happened?

A. Well, again, you know, when I finally got access to the videos, I was able to see the level of exertion that was involved and the duration of that exertion.

Q. So did the toxicology screen then find another drug that was of significance to your findings?

A. Yes.

Q. Which one was that?

A. I would consider the methamphetamine to be significant as well.

Q. Can you tell us what level of methamphetamine Mr. Floyd had.

A. Mr. Floyd's methamphetamine blood concentration was 19 nanograms per milliliter.

Q. And can you tell us, generally speaking, whether that's a high or low amount.

A. In my experience, that's a pretty low amount. If you were to look at the bell-shaped curves of all the deaths I have certified due to methamphetamine toxicity, I'm not sure

19 nanograms per mL would even get on the curve. It might be lower than anything I've ever seen capable of causing death all by itself.

Q. Now, did you examine Mr. Floyd's stomach contents?

A. I did.

Q. What did you observe?

A. If I could refer to my report, I will just read you. So what I dictated in Mr. Floyd's case was, quote, "The stomach contains approximately 450ML of dark-brown fluid with innumerable small fragments of gray, white food particulate matter resembling bread," unquote.

Q. Did you see anything resembling a pill or a piece of a pill?

A. I did not.

Q. Had you seen that, is that something you would document?

A. Yes. What we'll do is we'll typically strain that out and take a picture of it and save it.

Q. Based on your investigation, then, do you have an opinion about whether the drugs found in the toxicology screen were an immediate cause of Mr. Floyd's death?

A. Yes. I did not consider those the immediate cause of his death.

Q. Why was that?

A. Again, I think the precipitating event was the subdual restraint and the neck compression, and that's why I

relegated the toxicological findings to a contributing rather than the primary cause.

Q. Can you tell us what it means to "certify a death."

A. In the United States every person who passes away gets a death certificate. To certify a person's death from the medical examiner's point of view means that I complete the cause of death lines and I complete the manner of death for that person's death certificate.

The majority of things that go on a death certificate are actually done by funeral directors based on information the family provides them, so date of birth, proper spelling of the decedent's name, were they ever married, were they ever in the armed forces. There's a variety of demographic data that are captured. All of that is done by funeral directors and families.

We're usually the last step in the certification process, as we get the last datapoints we need to get that cause of death and get that manner of death on there.

Q. Okay. And can you tell us, then, what the manners of death are.

A. Yes. So "manner of death" means the medical examiner's opinion as to the circumstances under which the death occurred. Unlike cause of death, which are free text boxes and I can put as much as I want in there to explain the case, manner of death is a check box. I have to indicate

the death as either natural, it's an accident, it's a suicide, it's a homicide or, despite everybody's best efforts, we couldn't figure it out and I have to leave it undermined. So we have those five categories: natural, accident, suicide, homicide, or undetermined.

It's a public health function of medical examiners. We do it in all 50 states. And it is a medical classification system. It is not a legal classification system. It's so we can indicate to our state health department the circumstances in which people are dying, because that turns out to be really valuable public health data. You want to know how many people in Minnesota committed suicide last year. We're the people classifying those deaths.

Q. All right. And I think we probably get it, but what does a "natural death" mean?

A. "Natural" means the person died exclusively of natural causes.

Q. What does it mean for a death, then, to be classified as "accidental" in your line of work?

A. "Accidental" basically means completely unforeseeable, you know, the child who runs out in front of a car and gets hit, the person who slips on the ice and falls and gets a subdural hematoma, the person who is a chronic drug user and one day takes too much --

COURT REPORTER: Excuse me, Doctor. Would you please repeat that?

THE WITNESS: Yes.

The person who overdoses on drugs and they have a long history of drug use and is clearly not intentional. You know, there's a variety of different ways that a death gets classified as an accident.

BY MS. TREPEL:

Q. And I think you've said "undetermined" is you were unable to figure it out, despite best efforts?

A. Correct.

Q. Okay. And what does the term "homicide" mean to you as medical examiner?

A. From a medical point of view, it just means that actions of another person or persons were involved in causing that person's death.

Q. All right. I'd like to show you now what has been admitted as Government Exhibit 107. Can you tell us what this is.

A. Yes. This is Mr. Floyd's death certificate. This is actually issued by the State of Minnesota, not by the medical examiner's office, which is why you can see the seals at the top and it says, "State of Minnesota."

Q. All right. Now, is there a part on this form that contains the cause and manner of death?

A. Yes.
Q. Where, roughly, is that?
A. Right in the middle.
Q. All right. We can zoom in on that for you. All right. And is that your name, then, at the bottom of that section?
A. It is.
Q. Okay. And so what does medical certifier mean on this form?
A. That means the person who took responsibility for what's in the cause of death line and the manner of death line.
Q. Okay. And can you indicate here where the cause of death goes, then.
A. Yeah. The cause of death is right here (indicating). You will notice this. It says "immediate and underlying." You can actually have an immediate cause of death and an underlying and a second underlying and a third underlying, if you wish, if the nature of the case would make it more clear. Usually we use those for complicated accidents and natural deaths.

So, for example, why might I use all four of these lines? It might be pneumonia due to multiple blunt force injuries due to motor vehicle crash. So you'd use three lines to clearly spell out that person's cause of death hierarchy. But those were unnecessary in this case, but they still put that line on the death certificate.

Q. So you've explained "underlying." What does "immediate" mean in this context?
A. It just means the thing that happened closest to the person at the time -- closest to the time the person died.
Q. Okay. And then can you explain, then, the term "other contributing conditions" down there.
A. Yes. So other contributing conditions or we sometime use the phrase "other significant conditions" are conditions that played a role in the person's death, but they weren't the direct, they weren't the immediate cause of that person's death.
Q. All right. And so can you just remind us what we have here and what some of those terms mean as the contributing conditions.
A. Oh, okay. So we covered the atherosclerotic and hypertensive heart disease, and what those mean. Fentanyl intoxication was my reflecting Mr. Floyd's fentanyl concentration in his blood. The recent methamphetamine use was my reflecting that he did -- that he had detectable methamphetamine in his blood.
Q. And can you explain for us the difference -- you used fentanyl intoxication, but methamphetamine use. Why the difference in those terms?
A. I chose intoxication simply because that level of fentanyl, that concentration is pretty high in my

experience, as opposed to the methamphetamine, which was pretty low. To me, at most that proves he recently used it, but it doesn't prove he's intoxicated with methamphetamine.

Q. And can you explain to the jury, then, how in your opinion the law enforcement subdual restraint and neck compression caused Mr. Floyd's death.

A. I view his death as being multifactorial, which is a fancy way for saying that the stress of that interaction with those law enforcement officers, the stress of being pinned to the ground for nine, nine and a half minutes -- and when I use the term "stress" here, I don't mean like the stress you have because you have an exam tomorrow or you -- or something like that. I mean the kind of fight or flight stress, where your heart rate goes up, you start to sweat, you can feel your pulse quicken, that kind of stress.

When you have that level of stress, hormones come out into your blood, particularly adrenaline, that are telling your heart we need to beat faster, it's telling your muscles we need more oxygen. And you are doing that in a setting where the person has a compromised heart because of their atherosclerotic heart disease, because that heart is demanding more oxygen. That's what I mean when I say that this is multifactorial. Those things are coming into play together.

Q. And if I understand you, coming into play together is

the heart and the muscles are requiring more oxygen than the body is able to supply?

A. Correct.

Q. Okay. So, in your opinion, was the duration of the restraint significant?

A. Yes. I mean, my opinion would be as long as the stress continues and as long as you're conscious and knowing that this is going on, I would assume that those hormones continue unabated and that stress on the heart is going to continue unabated until that stress is relieved.

Q. And what did you determine the manner of death to be?

A. I classified Mr. Floyd's death as a homicide.

MS. TREPEL: One moment, Your Honor.

(Pause)

MS. TREPEL: No further questions for this witness on direct.

THE COURT: Okay. Thank you.

MR. ROBERT PAULE: Your Honor, I would guess that my cross-examination is going to be quite lengthy. I don't know if the court would prefer me to start tomorrow morning.

THE COURT: Yeah, I guess it is quitting time, isn't it? Doctor, I hate to bring you back, but we're going to have to.

THE WITNESS: Understood, Your Honor.

THE COURT: Members of the jury, we are going to

stand in recess at this time for the evening to reconvene again tomorrow morning at 9:30. Again, I would caution you over the recess not to have any -- I have to turn my microphone on -- not to have any communications amongst yourselves or with other persons with respect to the case. Don't read or listen to any media accounts with respect to the case. Don't do any personal investigations and don't do any internet investigations.

I keep trying to think of a good example of why you shouldn't listen to media accounts. Well, as you know, I kind of know a little bit and think a little bit about football. Last Saturday I was absolutely -- and this happened to be the only time I looked at any media account -- I was absolutely convinced that Tom Brady had, in fact, retired. I got up yesterday morning. No, it was a rumor. Now, if I only saw one of those two announcements, you can see what I'm talking about. That's why it's so very, very important not to read or listen to the media accounts. By the way, I still put my money on he's going to retire. He's 44 years old.

You may be excused.

(Court adjourned at 4:48 p.m., 01-31-2022.)

I, Renee A. Rogge, certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter.

Certified by: /s/Renee A. Rogge
Renee A. Rogge, RMR-CRR